



Trust Board meeting in Public Agenda

There will be a meeting of the Trust Board held in public on **Wednesday, 29 November 2023** from **09.30am to 11.05am** held in Rooms A1/2 Whittington Education Centre Highgate Hill London N19 5NF.

Item	Time	Title	Presenter	Action
		Standing agenda items		
1.	0930	Patient story	Chief Nurse & Director of Allied Health Professionals	Note
2.	0945	Welcome, apologies, declarations of interest	Trust Chair	Note
3.	0946	29 September 2023 public Board meeting minutes, action log, matters arising	Trust Chair	Approve
4.	0948	Chair's report	Trust Chair	Note
5.	0952	Chief Executive's report	Medical Director	Approve
		Quality and safety		
6.	1000	Quality Assurance Committee report	Committee Chair	Note
		People		
7.	1010	Workforce Assurance Committee report	Committee Chair	Approve
		Performance		
8.	1015	Innovation Performance and Digital Committee Chair's report	Committee Chair	Note
9.	1025	Audit and Risk Committee Chair's report	Committee Chair	Note
10.	1030	Charitable Funds Committee Chair's	Committee Chair	Note
11.	1035	Integrated performance report	Chief Strategy, Digital & Improvement Officer	Discuss

12.	1045	Finance and capital report	Chief Finance Officer	Discuss
13.	1055	Questions to the Board from the public agenda items	Trust Chair	Note
14.	1105	Any other urgent business	Trust Chair	Note



Whittington Health
NHS Trust

Minutes of the meeting held in public by the Board of Whittington Health NHS Trust on 29 September 2023

Present:	
Baroness Julia Neuberger	Non-Executive Director and Trust Chair
Helen Brown	Chief Executive
Junaid Bajwa	Non-Executive Director
Dr Clare Dollery	Medical Director
Amanda Gibbon	Non-Executive Director
Chinyama Okunuga	Chief Operating Officer
Naomi Fulop	Non-Executive Director
Baroness Glenys Thornton	Non-Executive Director
Rob Vincent CBE	Non-Executive Director
Sarah Wilding	Chief Nurse
In attendance:	
Jerry Francine	Interim Chief Finance Officer
Norma French	Director of Workforce
Jonathan Gardner	Director of Strategy & Corporate Affairs
Tina Jegede MBE	Joint Director of Inclusion & Nurse Lead, Islington Care Homes
Swarnjit Singh	Joint Director of Inclusion and Trust Company Secretary
Marcia Marrast-Lewis	Assistant Trust Secretary
Alex Negut	Patient Experience Manager (item 1)
No.	Item
1.	Welcome, apologies and declarations of interest
1.1	The Chair welcomed everyone to the meeting. There were no new declarations of interest.
2.	Minutes of the previous meeting
2.1	The minutes of the meeting held on 21 July 2023 were agreed as a correct record and the updated action log was noted. There were no matters arising.
3.	Chair's report
3.1	The Chair thanked all staff who had worked through the significant operational pressures currently being experienced.
3.2	She confirmed that NHS England had agreed the appointment of Nailesh Rambhai as a Non-Executive Director of the Board with effect from 10 October 2023, for a three-year term. He was also a current Non-Executive Director at University College London Hospitals NHS Foundation Trust and Birmingham

	Women's and Children's NHS Foundation Trust. Nailesh would chair the Trust's Finance and Business Development Committee from December 2023 onwards.
3.3	The Chair also announced that Norma French, Director of Workforce, would retire in March 2024, after nearly 40 years of NHS service. She said that Norma was an invaluable member of the executive team and would be sadly missed.
3.4	The Chair reported on her attendance at a Long Service Awards' event which had recognised, celebrated and thanked the Trust's longest serving staff who had completed 20 to 30 years with Whittington Health and its predecessor organisations.
	The Trust Board noted the Chair's report.
4.	Chief Executive's report
4.1	Helen Brown summarised her report to the Board. She outlined the ongoing industrial action taken by consultants, junior doctors and radiographers which was expected to continue. She provided assurance that the Trust would continue to work to ensure that safe clinical cover was in place for patients in emergency care pathways and in planned care. Helen explained that the industrial action had adversely impacted elective care and outpatient appointments and increased the number of cancellations and people on waiting lists. Planning and managing the impact of industrial action would include rescheduling cancelled appointments and undertaking clinical harm reviews for patients who had experienced long waiting times.
4.2	Helen Brown highlighted the findings of the 2022 National Inpatient Experience Survey, completed in November 2022. She explained that the overall results were disappointing and placed the Trust in the lower quartile of trusts for patient experience. She reported that the Trust had since implemented improvement actions to address the issues identified. The survey findings and subsequent updates would be considered by the Quality Assurance Committee.
4.3	Rob Vincent asked about the appointment of a sexual safety champion related to the Trust's commitment to the Sexual Safety Charter launched by NHS England on 5 September. Norma French explained that guidance around the Charter was new and that the Trust would have implemented all ten principles by September 2024, including the appointment of a board level sexual charter lead.
4.4	Helen Brown also reported that Emma Drasar, consultant haematologist, had won an Ally of the Year award at the Black Minority Ethnic awards ceremony which took place on 28 September 2023. Emma Drasar was a respected leader in her field and was committed to the improvement of sickle cell services.
	The Trust Board noted the Chief Executive's report.

5.	Quality Assurance Committee Chair's Assurance Report
5.1	<p>Naomi Fulop took the report as read. She highlighted specific items discussed at the meeting which took place on 13 September, as follows:</p> <ul style="list-style-type: none"> • The Committee received a presentation on the implementation of artificial intelligence technology to improve patient care in the reading of chest and limb x-rays. The Committee was able to take good assurance that innovative techniques had improved patient care. • Good progress had been made with the sickle cell service, specifically around the establishment of inpatient beds on Thorogood ward which would be ready by early December. • Concerns were highlighted around the contract that supplied pressure ulcer relieving equipment in the community, where the lack of, and/or slow delivery of, equipment had been linked to the increase in the incidence of grade 3 and 4 pressure ulcers. The issue had been escalated to the North Central London (NCL) Integrated Care Board and local authority colleagues and would be monitored and reported back to the Committee. • There were four key risks to highlight to the Board: <ul style="list-style-type: none"> ○ Pressure on elective activity and waiting lists. ○ The impact of industrial action. ○ Pressure on the quality governance team, due to lack of resourcing, policies and Care Quality Commission compliance. ○ Compliance with requirements for the Maternity Incentive Scheme (MIS) in year 5
5.2	<p>In discussion, Board members raised the following points:</p> <ul style="list-style-type: none"> • Sarah Wilding provided assurance that strenuous efforts would continue to resolve supply equipment issues with NRS Healthcare and explained that, although there had been an increase in the incidence of grade 4 pressure ulcers in the community, there had been a decrease in hospital acquired pressure ulcers, which reflected the hard work undertaken by the Tissue Viability team. • In reply to a point made by Glenys Thornton on the need for adequate resourcing in the maternity department, to make sure that the Trust was compliant with the MIS, Sarah Wilding acknowledged that there was risk around meeting all of the maternity safety actions, particularly around multi-disciplinary and prompt training, which had been impacted by industrial action. • Clare Dollery complimented the maternity team on improvements made in relation to safeguarding training, particularly with the medical staff who previously had not programmed safeguarding training into their training needs. <p>The Trust Board noted the Chair's assurance report for the Quality Assurance Committee meeting held on 13 September 2023</p>
6.	Workforce Assurance Committee Chair's Assurance report
6.1	<p>Rob Vincent presented the report for the meeting held on 26 July 2023. He reported that the Committee had considered:</p> <ul style="list-style-type: none"> • The Trust's management of the ongoing industrial action.

	<ul style="list-style-type: none"> • Progress with the restorative just culture work initiative. • Workforce key performance indicators, with a focus on statutory and mandatory training and staff appraisal compliance. • The outcome of the annual medical appraiser peer review, which identified areas of good practice around the doctors' scope of practice and areas that required improvement related to aged appraisal software, which would be upgraded. • The Committee received a quarterly report from the Freedom to Speak up Guardian (FTUG), which was largely positive, but also highlighted the need for more volunteer advocates. • The Committee discussed the draft inclusion strategy and an update on NHS England's equality, diversity and inclusion improvement plan. • The Committee also received a staff story from a clinical director who had volunteered as mediator and described the way mediation was used in the organisation.
6.2	<p>In discussion, Board members raised the following points:</p> <ul style="list-style-type: none"> • Amanda Gibbon stated the role of the FTSUG was especially important given the issues raised out of the Lucy Letby trial. She stated that it was incumbent upon the Board to reiterate its support for the FTSUG to build a strong culture of reporting, so that staff would feel confident that they were heard. Glenys Thornton agreed that the effectiveness of the FTSUG was dependent on the level of support received. • Sarah Wilding concurred. She confirmed that a very clear message had been communicated around the need for more training across the organisation and that focussed work would take place to increase the number of advocates. She also re-iterated that there were different ways to speak up, through unions representatives, line managers and HR business partners. • Tina Jegede advised that reciprocal and reverse mentoring programmes were in place at the Trust. • Clare Dollery advised that past mortality outliers would be reviewed as a direct result of the Lucy Letby case's verdict and that a new electronic medical appraisal system had recently been implemented. • Helen Brown affirmed her commitment to freedom to speak up and saw that many of the cases raised related to workforce and human resource issues and fewer were around patient safety. While there were other routes for reporting patient safety issues, there would be a renewed focus on reminding staff that the FTSUG was also for patient safety. • Rob Vincent confirmed that a national freedom to speak up policy would be adopted at the Trust shortly. He acknowledged that there was a link between human resources and patient safety issues and that the mechanisms for reporting should be included in the new policy. <p>The Trust Board noted the Chair's assurance report for the meeting of the Workforce Assurance Committee held 26 July.</p>

7.	Integrated Performance Report
7.1	<p>Jonathan Gardner summarised the report, which was written within the context of ongoing industrial action. He highlighted the following points:</p> <ul style="list-style-type: none"> • There was one incident of clostridium difficile. • There was one recorded medication error, which related to a patient with epilepsy being given inappropriate medication. Clare Dollery reported that medical teams were working to look at ways in which medication could be flagged for such patients and had strengthened the training in place. • 10 incidents of category 3 and 4 pressure ulcers were recorded. • New birth visits in Haringey achieved their target. • 62 day cancer performance had decreased, but performance against the cancer 28 day faster diagnosis standard had improved. • The number of 52 week waiters was still high. • Performance against the 4-hour access standard was lower than the NCL average and lower than the London average. • There were 78 unvalidated 12-hour trolley breaches in August 2023 and, post-validation, the number reduced to 37. • Referral to treatment (RTT) performance against the 18-week standard for August had improved slightly from July's position. • The Trust had 7 patients waiting over 78 weeks at the end of August 2023, against a target of 0. • Appointment slot issues continued to be an area of concern. The Trust had entered into a partnership with the Islington GP Federation for ear, nose and throat services, which would help to increase capacity. • Forecast activity was below target. First outpatient appointments were at 103% against a target of 104%, elective activity was at 101% against a target of 104%. • Mandatory training compliance was at 87% and appraisal rate compliance had increased to 80%.
7.2	<p>In discussion, Board members raised the following points:</p> <ul style="list-style-type: none"> • Chinyama Okunuga confirmed that the escalation ward of 24 beds had been closed on 17 August as a result of a reduction in average patient length of stay and earlier discharges. An improvement on trolley waits in the emergency department had also taken place. • Helen Brown reflected that many discussions had been held on performance against emergency care standards and the impact on patient experience and outcomes. At peak operational pressures, the Trust was reporting a significantly high number of four-hour breaches, which had since been validated to 80 in August 2023. Helen Brown confirmed that more assurance would be obtained to ensure data quality for validated figures. The focus on length of stay and patient flow through the organisation would be monitored through the Improvement Performance & Digital Committee. • Helen Brown advised that performance on cancer pathways was a challenge for the Trust, for other North Central London providers and nationally. A change to the national cancer standards meant that there was less emphasis on the 14 day standard for cancer and more on first appointments against the 28 day standard. She confirmed that the Trust

	<p>was focussed on improving performance against 62 day targets and would continue to work with the Cancer Alliance to minimise the impact of strikes on cancer pathways.</p> <ul style="list-style-type: none"> • Amanda Gibbon highlighted community services for children and the difference in waiting times for speech and language therapy between Haringey and Islington boroughs. She stressed the importance of understanding the differences in waiting times between the two boroughs in the light of the Trust's focus on population health and the reduction of health inequalities. • Helen Brown explained that speech and language therapy was a key service in Haringey and was the highest priority area for improvement identified through the partnership work with local authority partners. A significant piece of work was in progress jointly with the local authority to review the delivery model and to make sure that children with the highest need received one-to-one input from the service and to strengthen the universal offer for children in the borough. <p>The Trust Board noted the report and agreed that a review of cancer performance would be considered at the next meeting of the Improvement Performance and Digital Committee.</p>
8.	Protecting and expanding elective capacity – self-certification
8.1	Jonathan Gardner summarised the report which outlined the Trust's self-certification response to a request from NHS England (NHSE) that the Trust Board confirmed its assurance that plans were in place to protect and expand elective recovery. The self-certification was due for submission to NHSE by 30 September 2023.
8.2	<p>Jonathan Gardner explained that the Trust could give assurance on all but two areas:</p> <ul style="list-style-type: none"> • Whether a report on the clinical risk of patients sitting in the non-RTT cohorts had been received and whether the necessary clinical capacity had been built into operational plans. Partial assurance would be given on this. • Partial assurance would also be given on the review of plans to increase the use of patient initiated follow up to achieve a minimum of 5%. The Trust had plans to achieve a minimum of 2%, but had delivered 0.5%.
8.3	<p>In discussion, Board members raised the following points:</p> <ul style="list-style-type: none"> • Naomi Fulop queried whether a review of cancelled patient appointments had been undertaken, and what action, if any, the Trust would take to inform patients of next steps of that review. • Rob Vincent agreed that the review of patient communication should be reported to the Quality Assurance Committee and Board. • Helen Brown also acknowledged the difficulties that patients experienced in communicating with outpatient teams and outlined the steps needed to improve communication. She advised that efficient and effective patient communications was just as important as managing waiting lists. Helen Brown assured Board members that a deep dive into the outpatient transformation programme would be reported to the Improvement

	<p>Performance and Digital Committee and that patient communications would be reported back to the Board.</p> <ul style="list-style-type: none"> Jonathan Gardner assured the Board that cancelled patient appointments did not drop off waiting lists and that they continued to be tracked accordingly. <p>The Trust Board:</p> <ul style="list-style-type: none"> noted the report and approved the self-certification submission for NHS England by the 30 September deadline. agreed that a follow up report on outpatients' transformation would be reported to the Improvement Performance Committee and; agreed a follow up report on patient communications would be brought back to the Trust Board for assurance.
9.	Month 5 Finance Report
9.1	<p>Jerry Francine presented the report. He confirmed that the Trust delivered a deficit of £13.15m at the end of August, £2.61m worse than plan. The planned deficit to end of August was £10.54m. The year-to-date adverse financial performance to plan is mainly driven by:</p> <ul style="list-style-type: none"> The non-delivery of savings on Cost Improvement Programmes The unfunded escalation beds, endoscopy fourth room and the cost of strike cover. Underperformance against the elective recovery fund (ERF) targets, due to industrial action.
9.2	<p>Jerry Francine provided assurance that remedial actions were planned. He also reported that additional capital had been received to fund some of the Trust's strategic priorities. Helen Brown confirmed that discussions were taking place with Integrated Clinical Service Units to review their cost improvement and run rate plans to develop actions to improve their positions. She added that some funding was expected from the NCL Integrated Care System to help to mitigate the impact of industrial action and on ERF monies which should help to improve the year-end position.</p> <p>The Trust Board noted the Finance report.</p>
10.	Questions from the public
10.1	<p>A question was received regarding the support for potential complainants or those that chose to speak up on the communication of standards of behaviour for those who witness inappropriate, unwanted and/or harmful sexual behaviour.</p>
10.2	<p>In response, Norma French explained that the Trust would provide appropriate support for staff who experienced unwanted, inappropriate and/or harmful sexual behaviours. This support was one of the ten pledges set nationally for organisations to commit and embed over the coming year. Through this commitment, managers would receive extra training to improve awareness and ensure allegations were appropriately investigated. The NHS staff survey would also include questions around sexual safety to monitor progress. The</p>

	Trust would monitor its progress against the ten pledges through the Board's Workforce Assurance Committee
10.3	Norma French added that there were a number of mechanisms in place, as well as role-modelling best practice across the organisation, to communicate standards of behaviour. These included the normal cascade of communication channels supported by leadership development programmes along with the ICARE values programme. The Trust would work closely with trade union colleagues, and through the freedom to speak up infrastructure, to ensure staff had a number of routes to report concerns and seek support. Regular team meetings and one-to-one meetings with staff and line managers were also key. The newly appointed Head of Staff Engagement and Wellbeing would be working hard to embed listening organisation principles.
10.4	Furthermore, policies were in place to safeguard when complaints and concerns come in about staff members, to ensure allegations are investigated by the relevant agencies so that appropriate action can be taken without delay.
11.	Any other business
11.1	There were no items reported.

Trust Board, 29 September 2023 public meeting action log

Agenda item	Action	Lead(s)	Progress
Integrated Performance Report	A review of cancer performance should be considered at the next Improvement Performance and Digital Committee.	Joathan Gardner / Chinyama Okunuga	Completed
Protecting & expanding elective capacity	A follow up report on outpatients' transformation programme would be reported to the Improvement Performance and Digital Committee.	Jonathan Gardner/ Chinyama Okunuga	On the agenda for 13 December 2023 meeting of the Improvement Performance and Digital Committee.
	A follow up report on patient communications would be brought back to the Trust Board for assurance.	Chinyama Okunuga	<p>The following actions can be put in place and further verbal update given at Board:</p> <ul style="list-style-type: none"> • Outpatients improvement working group set up, led by the Chief of Staff for the Chief Operating Officer • Review of 1000 letter templates underway • Developing generic templates in consultation with services • Reviewing the set up of letter templates on Careflow • Engaged the communications team to enhance patient letters



Meeting title	Trust Board – public meeting	Date: 29 November 2023
Report title	Chair's report	Agenda item: 4
Non-Executive Director lead	Julia Neuberger, Trust Chair	
Report authors	Swarnjit Singh, Joint Director of Inclusion and Trust Secretary, and Julia Neuberger	
Executive summary	This report provides an update and a summary of activity since the last Board meeting held in public in September.	
Purpose	Noting	
Recommendation	Board members are asked to note the report.	
Board Assurance Framework	All entries	
Report history	Report to each Board meeting held in public	
Appendices	None	

Chair's report

This report updates Board members on activities since the last Board meeting held in public.

I would like to start by thanking staff for their hard work to continue to maintain safe services during the ongoing industrial action which has had a significant impact on elective services.

October private Board meeting

The Board of Whittington Health held a private meeting on 27 October. The agenda items discussed included an update from the North Central London (NCL) system on the Start Well review of maternity and paediatric services. The Board also reviewed a business case for the Wood Green Integrated hub, discussed the capital implications of planned estate projects and a contract for pathology services and reviewed the annual medical appraisal and revalidation report. In addition, Board members reviewed regular agenda items on financial and operational performance strategy and noted the 2022/23 annual report and audited accounts for the Whittington Pharmacy Community Interest Company. On 5 October, Board members also held a workshop with members of the well led review team from Deloitte LLP.

Consultant recruitment panels

I am grateful to non-executive director colleagues for their participation in the following recruitment and selection panels for consultant posts:

Post title	Non-Executive Director	Selection panel date
Consultant Community Paediatrician, Community Paediatrics, Looked After Children Haringey	Rob Vincent	27/09/2023
Consultant in Neonates	Amanda Gibbon	09/10/2023

Corporate induction

On 9 October, I took part in corporate induction training and welcomed new starters at the Trust.

Visit to day treatment centre, audiology and pathology services

On 27 October, along with Helen Brown, I had the pleasure to visit the day treatment centre team and also our audiology and pathology services where we met staff who fed back positively about how much they liked their jobs and took pride in the service they provided to patients.

I have participated in the following meetings:

- North Central London Integrated Care Board
- University College London Health Alliance
- Partnership Development Committee between University College London Hospitals NHS Foundation Trust and Whittington Health
- Quarterly meeting with Islington Council and Whittington Health
- Whittington Health Charitable Funds Committee
- Whittington Health Medical Committee



Meeting title	Trust Board – public meeting	Date: 29 November 2023
Report title	Chief Executive's report	Agenda item: 5
Executive lead	Helen Brown, Chief Executive	
Report authors	Swarnjit Singh, Joint Director of Inclusion and Trust Secretary, and Helen Brown	
Executive summary	This report provides Board members with updates on national and local developments since the last meeting held in public in September 2023.	
Purpose	Approval	
Recommendation	Board members are invited to note the report and to approve the Winter Plan	
Board Assurance Framework	All Board Assurance Framework entries	
Report history	Report to each Board meeting held in public	
Appendices	1: Winter Plan	

Chief Executive's report

Secretary of State

Victoria Atkins MP has been appointed as the new Secretary of State for Health and Social Care. She spoke at the NHS providers' conference on 15 November and thanked NHS staff for the vital work they do and her belief in the NHS and its founding principles¹. Changes in the Ministerial team at the Department also saw the appointment of the Rt. Hon. Andrew Stephenson MP as a Health Minister and the appointment of the Rt. Hon. Dame Andrea Leadsom as a Parliamentary Under Secretary of State².

Conflict in the Middle East

In response to the concerns from staff about the violent conflict in Israel and Gaza, the Trust took two actions. First, on 9 October, the executive team issued a statement acknowledging that many of our colleagues had friends and family in the region and that our thoughts were with them and we hoped that peace could be brokered as quickly as possible. Staff were also encouraged to speak with their line manager and to consider accessing the free and confidential counselling service available through our employee assistance programme. Secondly, on 18 October, the Trust held an event for people to come together to reflect and to share their concerns, particularly about the impact on their health and wellbeing, against a backdrop of increased antisemitism and islamophobia. The event was also an opportunity to reinforce the message that there is no place for antisemitism, islamophobia, racism, or discrimination of any kind at Whittington Health. The Trust is an inclusive organisation and, in line with its core values, it is incumbent on all staff to treat everyone with respect and tolerance.

The impact of industrial action

Since 1 September, industrial action has been taken by junior doctors, medical staff and radiographers on 19-23 September and 2-5 October. Our planning for the industrial action has taken place at a Trust and North Central London system level and has been led by the Chief Operating Officer and the emergency planning team. At the time of writing, it was reported that the Department of Health and Social Care and the British Medical Association (BMA) are holding talks and it is hoped that a settlement can be reached as soon as possible.

Winter pressures and our Winter Plan

Since September, we have been responding to a sustained surge in demand for emergency and urgent care which has outweighed the available capacity in the Trust and across the North Central London (NCL) integrated care system. As part of our response, the Trust has developed its Winter Plan aligned to the NCL system plan. In addition to the priority areas for action outlined by NHS England such as same day emergency care, inpatient length of stay and community bed productivity and flow, Whittington Health has also developed a comprehensive range of local actions to take forward. These include having two surge wards to help maximise our bed

¹ [Health and Social Care Secretary speech at NHS Providers - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/speeches/health-and-social-care-secretary-speech-at-nhs-providers)

² [Ministerial appointments: November 2023 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/people/andrea-leadsom)

capacity, recruiting additional emergency department staff and increasing virtual ward and remote monitoring capacity.

Thirlwall Inquiry

On 19 October, the then Secretary of State for Health and Social Care, published the terms of reference for an inquiry following the murders and attempted murders committed by former neonatal nurse, Lucy Letby, at the Countess of Chester Hospital³. The inquiry will cover three broad areas: the experiences of the parents of the babies named in the indictment, the conduct of clinical and non-clinical staff and management, as well as governance and escalation processes in relation to concerns being raised about Letby and whether these structures contributed to the failure to protect babies from her. The inquiry will not review the jury's verdicts and make no findings regarding liability in civil proceedings.

The government confirmed in August 2023 that the inquiry would be placed on a statutory footing, meaning it will have legal powers to compel witnesses, including former and current staff of the Countess of Chester, to give evidence. Lady Justice Thirlwall, one of the country's most senior and experienced judges, will decide on the order in which the inquiry considers issues and how to manage the inquiry alongside any live police investigation and criminal proceedings. She will provide a final report and if appropriate, interim reports as soon as practically possible. The inquiry is currently setting up its infrastructure at pace so that it can begin its investigations. All NHS trusts with a neonatal unit have been contacted with the terms of reference and informed that the evidence gathering will start in mid-December 2023. There will be a number of important lessons for all NHS organisations to learn from this national inquiry.

UCLH/WH collaboration

The Trust has been working with Carnall Farrar and colleagues at University College London Hospitals NHS Foundation Trust on areas for increased collaboration between both trusts while they remain as separate NHS providers. Our aim is to work together where it makes sense clinically and operationally to benefit patients and staff. Both Trusts' Boards have agreed eight areas where we will work more closely, including health inequalities, community services, long-term conditions, research and innovation and high-volume elective activity. We will also work together to address challenges including financial sustainability and recruitment and retention of staff. This collaboration is a separate item on today's agenda

Senior staff changes

I want to extend a warm welcome to Terry Whittle who joined us on 15 November as Chief Finance Officer from Milton Keynes University Hospital NHS Foundation Trust where he has worked as Director of Finance since 2021. Terry has previously also held the post of Financial Performance for the Royal Free London NHS Foundation Trust. He began his NHS career with the NHS graduate programme and has subsequently held senior finance roles for NHS Improvement and the Department of Health and Social Care.

³ [Government agrees scope of inquiry into Lucy Letby's crimes - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/government-agrees-scope-of-inquiry-into-lucy-letby-s-crimes)

To coincide with his arrival the Executive Team have announced some changes to their portfolios. The team responsible for transformation, service improvements will pass to Jonathan Gardner, who will create a new Improvement Delivery Unit changing the focus from reporting on projects to driving a new improvement approach across the Trust for key areas. His job title changes to Chief Strategy, Digital and Improvement Officer. Meanwhile the Estates & Facilities team headed by Paddy Hennessy and the Estate and Development function which looks at our larger long term estates changes such as the transformation of our maternity estate and the upgrading of our electrical infrastructure will move to the Chief Finance Officer's portfolio.

Staff flu and Covid vaccinations

We have been actively planning for this year's winter flu and have implemented a vaccine programme. Similarly, we have been offering Covid-19 booster vaccinations to staff. As of 20 November, details of staff vaccinated so far are shown in the table overleaf, along with comparable vaccination rates across NCL, London and England.

	Whittington	NCL	London	England
Covid	24.5%	25.6%	20.9%	27.7%
Flu	29.3%	32.9%	30.2%	37%

Michael West conference

On 26 October, I was delighted to attend a culture conference at the Trust which was well attended by staff. The keynote speaker was Michael West who followed up a previous event on to talk about compassionate and inclusive leadership and culture change. There was lots of learning to take away and to implement as part of our ongoing organisational culture change work.

Allied Health Professionals

On 12 October, the Trust celebrated Allied Health Professionals' (AHPs) Day to acknowledge the hard work and efforts of four different groups of staff - occupational therapists, physiotherapists, operating department practitioners, paramedics and radiographers. AHPs are the third largest workforce group in the NHS. They constitute around 20% of Whittington Health's team and they make a huge and unique contribution to the care our patients receive. Award winners on the day included AHP of the Year which went to Meg Wroe, a children's occupational therapist.

Right Care, Right Person

From 1 November, the guidance on how the Metropolitan Police will respond to incidents involving people with mental health or broader health and social care needs will change. The changes will cover issues such as welfare checks, patients leaving hospital before discharge, s136 handovers at emergency departments and other healthcare places of safety. The police will, however, continue to respond to all mental health incidents where there is a real and immediate risk to life or people are at risk of serious harm.

Extra Mile Award Winners

I want to congratulate the Extra Mile award winners for October who will each receive a certificate, an excellence pin badge and a £50 High Street voucher (£250 for teams) to recognise their hard work. They are:

- **Nadia Yakotyuk, Community dental nurse**, who is the epitome of how a dental nurse should be and goes above and beyond to help and always thinks of creative ways to make the service run smoothly for us and for patients.
- **Pedro Goncalo, IT support technician**, who has often been described as one of the Trust's unsung heroes as he is always responsive, polite and knowledgeable. I am sure he must get tired of the same old problems, lack of IT expertise of people like myself and my impatience to get things resolved swiftly.
- **Beth Bamberger, Speech and language therapist**, was nominated because of the way she has risen to the challenge of a new role over the last couple of months as the lead speech and language therapist (SLT) in a different special school which has a huge caseload and has not had consistent SLT support for a couple of years due to staff vacancies. She has provided support to members of the team and is ensuring all the caseload records are up to date so that the team can work with the patients in a structured and organised way.
- **Switchboard team**. The CENCOM Day staff team has gone above and beyond to keep the switchboard running during a period when there have been vacancies and a skeleton staff rota in place. The team has worked double shifts and given up leave, time with their families and never complained, pulling together as a team to make sure that the hospital calls and emergencies are not affected. I could not be prouder of the team; I would like them to be recognised for all their hard work and dedication that they have displayed in what has and continues to be a difficult time for the department.

Staff learning achievements

On 10 November, I had the pleasure of awarding staff certificates for their completion of significant learning and development programmes such as band 2-7 black and minority ethnic career development, an advanced diploma in management practice, coaching practitioner qualifications, a British Sign Language qualification and apprenticeships, including those which gave entrants degrees and master's qualifications. I am so proud of all of the staff who were involved.

Cold Weather Plan

Version and Date	3.0 November 2023
Valid Until	November 2024
Status	National 'Cold Weather Alert' service operates from 1 st November to 31 st March.
Document Purpose	This plan provides the framework for coordinating the Trusts response to cold weather. It is not a standalone document and supplements the Trusts existing Major Incident and Business Continuity procedures by providing additional information and guidance specific in managing cold weather in accordance with national guidance.
Related Document	Major Incident Plan Business Continuity Plan, Flu Pandemic Plan, Risk Management Policy, Fire Safety Policy. Winter Plan
Accountable Director	Chinyama Okunuga Chief Operating Officer – Accountable Emergency Officer
Author	Lee Smith Emergency & Business Continuity Planning Officer

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Distribution List

In order to comply with the requirements of being a category 1 responder under the terms of the Civil Contingencies Act 2004 the Trust has a responsibility to share its plans with partner agencies.

Internal Distribution List

Department /Role	Format
Major Incident Control Room Cupboard	Hard copy
Whittington Health Intranet Policies folder	Electronic copy
Silver and Gold dropbox	Electronic
Silver & Gold handbook	Hard copy

External Distribution List

Organisation	Format
London Ambulance Service	Electronic Copy
NHS England (London Region)	Electronic Copy
London Borough of Islington	Electronic Copy
London Borough of Haringey	Electronic Copy

Amendment Record

No unauthorised amendments permitted.

This plan is a living document and is under constant review. A record of amendments follows any comments or suggestions for future versions are appreciated and should be directed to the Emergency Planning and Business Continuity Officer.

Change History			
Date	Version	Author/Editor	Details of Change
16/11/22	V3.0	Lee Smith	2023 update,

1. INTRODUCTION

The Adverse Weather Plan for England 2023 is prepared by UK Health Security Agency (UKHSA), NHS England, which provides guidance on how to prepare for a response to cold weather which can affect everybody's health, and triggers actions in the NHS, public health, social care, and other community organisations, to support vulnerable people.

This plan provides the framework for coordinating the Trusts response to a sudden or prolonged period of cold weather. It is not a standalone document and supplements the Trusts existing Major Incident and Business Continuity Plans by providing additional information and guidance specific to mitigating, minimising and responding to the effects of cold weather.

In line with national guidance the plan is:

- Built on effective service and business continuity arrangements and
- Responsive to local challenges and needs.

When activated this plan aims to:

- Receive and cascade Met Office notifications.
- Prevent years of life lost due to cold weather events
- Prevent mortality and morbidity related to cold weather.
- Comply with any external reporting requirements.
- Reduce impact identify service users that are high risk who might be at increased vulnerability during cold weather.
- Ensure that essential services are maintained.
- Provide timely and up to date information for staff and
- Return to normal working after cold weather as efficiently as possible.

This plan will be updated as new guidance is made available and following recommendations from internal or external incidents and exercises.

2. PURPOSE

The Cold Weather Plan for Whittington Health outlines how we will work with local partners to ensure health and social care services raise awareness of the risks relating to severe cold weather and prepare organisations and individuals (especially vulnerable groups) to help reduce those risks.

The plan aims to build on established national and local campaigns for winter health with a more coordinated approach.

The UKHSA is responsible for strategic leadership of both health and social care systems, but no longer has direct management of most NHS systems. NHS England and Improvement provides national leadership for improving health care outcomes, directly commissions general practice services, some specialist services, and oversees **the Integrated Care Board (ICB)**. ICB's now commission planned hospital care, rehabilitative care, urgent and emergency care, most community health services and mental health and learning disability services. Directors of UKHSA in Local Authorities are responsible for population health outcomes, supported by NHS England and Improvement, which provides national leadership and expert services to support public health.

NHS England continues to provide reliable advice and guidance throughout the year on how to keep warm and well.

3. SUPPORTING DOCUMENTATION

As in previous years, the Cold Weather Plan for England is also supported by a series of Information Guides published online which aim to provide an authoritative source of additional information about the effects of severe cold weather on health for:

- Making the case: why long-term strategic planning for cold weather is essential to health & wellbeing.
- GP in hours bulletin
- Action Card for provider organisations
- Keep warm keep well booklet.

These can be found at:

[Adverse Weather Health Plan \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/government/publications/cold-weather-plan-for-england-2022-23)

[Adverse Weather and Health Plan: Supporting evidence \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/government/publications/cold-weather-plan-for-england-2022-23-supporting-evidence)

[Supporting vulnerable people before and during cold weather: healthcare professionals - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/supporting-vulnerable-people-before-and-during-cold-weather-healthcare-professionals)

[Cold-Weather Alert action card for the voluntary and community sector - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/cold-weather-alert-action-card-for-the-voluntary-and-community-sector)

<https://www.metoffice.gov.uk/public/weather/cold-weather-alert/?tab=coldWeatherAlert&season=normal#?tab=coldWeatherAlert>

Detailed guidance to your service:

[Keeping warm and well: staying safe in cold weather - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/keeping-warm-and-well-staying-safe-in-cold-weather)

[Top tips for keeping warm \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/government/publications/top-tips-for-keeping-warm)

[Keeping warm and well: staying safe in cold weather \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/government/publications/keeping-warm-and-well-staying-safe-in-cold-weather)

[GP in hours: weekly bulletins for 2022 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/gp-in-hours-weekly-bulletins-for-2022)

4. COLD WEATHER PLANNING

Impact of cold weather on health

Direct effects of winter weather include an increase in incidence of:

- Heart attack,
- Stroke
- Respiratory disease
- Covid
- Influenza
- Falls and injuries.
- Hypothermia

Indirect effects of cold include mental health illnesses such as depression, and carbon monoxide poisoning from poorly maintained or poorly ventilated boilers, cooking and heating appliances and heating.

Groups at greater risk of harm from cold weather

For the purposes of this plan, key groups considered to be particularly at risk in the event of severe cold weather are summarising below:

- Older people (over 75 years old)
- Otherwise 'frail' older people
- Children under the age of five
- People with pre-existing chronic medical conditions such as heart disease, stroke or TIA, asthma, chronic obstructive pulmonary disease, or diabetes
- People with mental ill-health that reduces individuals' ability to self-care (including dementia)
- People with learning difficulties
- People assessed as being at risk of or having had recurrent falls.
- People who are housebound or otherwise low mobility
- People living in deprived circumstances.
- Elderly people who live alone and do not have additional social services support.

- Homeless or people sleeping rough.

Regional and National Planning

Planning for a cold weather is conducted at a national, regional, and local level with a dedicated Cold Weather Plan for England that clearly sets out the responsibilities at a national, regional and local level of alerting people once cold weather has been forecasted, and for advising them on what to do during cold weather.

The core element of the plan is:

- The 'Cold Weather' alert which operates from 1st November to 31st March.

More detailed information about cold weather and a copy of the PHE plan can be obtained from the following sources:

Cold Weather Plan and Existing Winter Planning

This cold weather plan builds on existing measures taken by Public Health England, NHS England and the NHS to protect individuals and communities from the effects of severe winter weather.

- Cold Weather and Covid

[Cold weather health risks and COVID-19: Actions to prevent harm \(khub.net\)](https://www.khub.net/cold-weather-health-risks-and-covid-19-actions-to-prevent-harm)

- UK Health Security Agency's (UKHSA) real-time syndromic surveillance

<https://www.gov.uk/government/collections/syndromic-surveillance-systems-and-analyses>

- Excess Winter Mortality in England and Wales

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/excesswintermortalityinenglandandwalesreferencetables>

- Winter warmth England – preparation for winter

<http://www.winterwarmthengland.co.uk/support.html>

Cold weather alert service

A cold weather alert service operates from 1st November to 31st March each year based on Met office forecasts. During this period, the met office may forecast extreme winter weather, as defined by forecasts of temperatures, snow and ice formation and their duration.

<https://www.metoffice.gov.uk/public/weather/cold-weather-alert/?tab=coldWeatherAlert&season=normal#?tab=coldWeatherAlert>

[WeatherReady - Met Office](#)

Figure 1: Cold Weather Alert Levels

Level 0	Long term planning – All year
Level 1	Green- Winter preparedness - 1 November – 31 March
Level 2	Yellow- Response <i>Mean temperatures of 2°C and/or widespread ice and heavy snow predicated with 60% confidence.</i>
Level 3	Amber - Enhanced response <i>Severe winter weather: Mean temperatures of 2°C or less and/or widespread ice and heavy snow.</i>
Level 4	Red – Emergency response <i>Central government will declare a level 4 alerts in the event of severe or prolonged cold weather affecting sectors other than health.</i>

5. COLD WEATHER METEOROLOGICAL SERVICES

Figure 2 below summarises the Met Office service and notifications during a cold weather.

Figure 2: Met Office service and notifications.

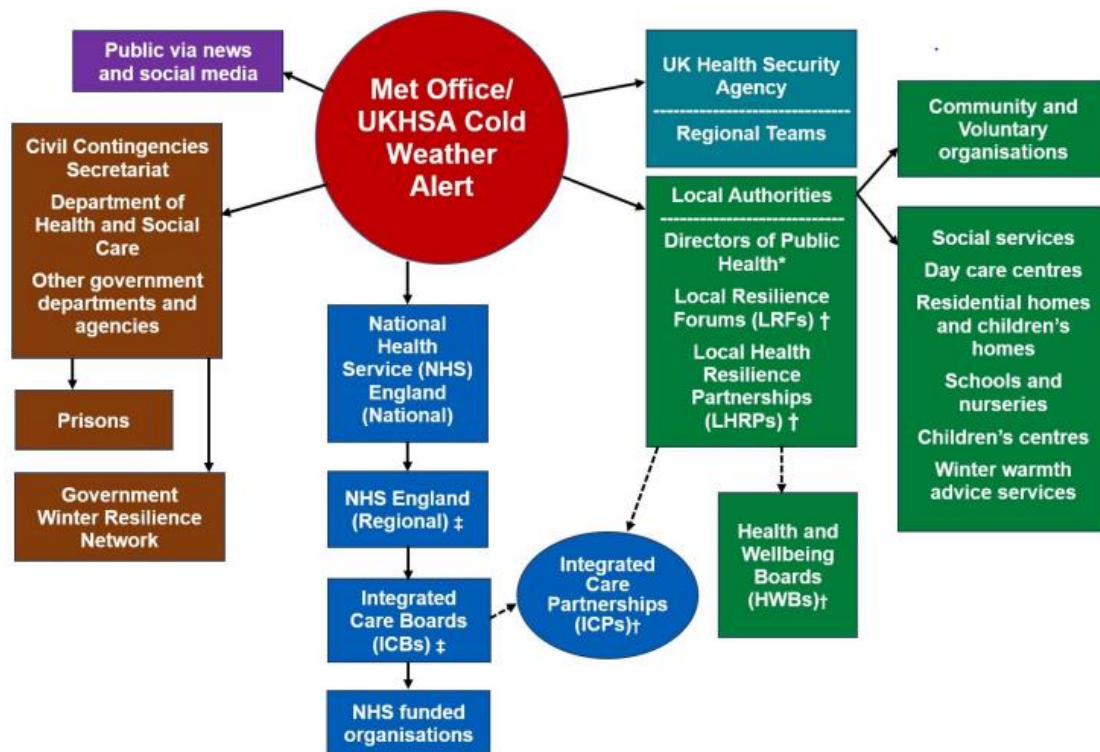
Service	Purpose	Distribution	Timing
General weather forecast	To enable the UK public to make informed decision about their day-to-day activities	Web, TV, radio	Everyday
National Severe Weather Warning Service (NSWWS)	Provision of weather warnings to: a) The public to alert in advance of high impact weather and to prompt consideration of actions they may need to take.	Email, web, TV, radio, print media, Twitter, SMS, Facebook	When required

	b) "Civil emergency authorities" and the "MoD" to trigger their plans to protect the public from impacts in advance of an event, and to help them recover from any impacts after the event.		
Cold Weather alerts	To provide early warning of low temperature and or widespread ice/heavy snow to health and social care organisations and professionals registered with the service.	Email, twitter, web	Alert issued as soon as agreed threshold has been reached and when there is a change in alert level. Issued between 1 November and 31 march.
Cold Weather planning advice	To provide planning advice throughout the winter period relating to low temperatures or widespread ice/heavy snow to health and social care organisations and professionals registered with the service.	email	Twice a week (9am each Monday and Friday from 1 November to 31 March).
Integrated Care Board	The Integrated Care Board (ICB) is a Category 1 responder. In the event of an adverse weather event. The ICB will cascade alerts and request for action in response to critical event.	email Major Incident Mailbox	Cascade of information and assurance requests.

6. ALERTING CASCADE

The response to severe cold weather will be governed by the actions needed at each of the four alert actions. The Met Office will cascade a cold weather alert.

Figure 3: Alerting Cascade of weather alerts



(UKHSA, 2022)

Whittington Health Alerting Cascade

Whittington Health NHS Trust receives cold weather alerts through the Emergency Planning Officer, who upon receipt of a will cascade it to all on call personnel. Who will upon receipt of a cold weather alert will ensure the information is cascaded within their directorate/ department and in the absence of the Emergency Planning Officer, cold weather alerts will be cascaded by the Clinical Site Team. ***Out of Hours this will be cascaded by the Clinical Site Team.***

7. WHITTINGTON HEALTH ACTIONS

This section details the Trust responsibilities for responding at each of the cold weather alert levels.

COLD WEATHER ALERT - LEVEL 0 ACTIONS		
Long term planning		
	Action	Responsibility
1	Ensure that the Trust is engaged with local EPRR and strategic arrangements	Emergency Planning Officer
2	Identify those most vulnerable to cold weather and draw up plans for joined up support with partner organisations. Clinical staff to monitor patients for effects of winter.	Community
3	Work with staff on risk reduction awareness, information and education. Encourage staff to be vaccinated against flu before winter starts	All
4	Ensure that business continuity plans include severe winter weather	All
5	Plan for winter surge in demand for services	
6	Consider carers needs and support they can continue to give to vulnerable people. Vulnerable patients require appropriate arrangements to keep them safe.	Community
7	On receipt of Met office alerts and planning guidance for London region cascade to on call personnel.	IN HOURS (Monday to Friday 0900-1700: Emergency Planning Officer Weekends and Bank Holiday: Clinical Site Team
8	Follow Covid actions	All staff
Recommended indoor temperatures:		
Indoor temp		Effect
21°C (70°F)		Minimum recommended daytime temperature for rooms occupied during the day
18°C (65°F)		Minimum recommended nighttime temperature for bedrooms. No health risk, though may feel cold.

LEVEL 1 – WINTER PREPAREDNESS

Level 1 alerts run throughout the winter and indicate that people should be preparing for the possibility of severer weather and its effects on health.

	Action	Responsibility
1	Ensure that the cold weather, and major incident plans are up to date and are uploaded to the intranet	Emergency Planning Officer
2	Ensure that the internal alert and cascade system for the appropriate staff to receive Cold Weather Alerts is in place and activated	Emergency Planning Officer
3	Work with local authority teams to identify accident hotspots on pavements or roads, advice on gritting priorities to prevent accidents.	Emergency Planning Officer
4	Ensure staff are briefed on the cold weather plan, actions required, and that staff are encouraged to receive the flu vaccination	All Staff
5	Ensure that Business Continuity Plan are in place and implemented as required	All
6	Identify individuals who are at risk from cold weather	Community health District Nurses, /Health Visitor/ Midwives/ General Practices and Social Care to identify individuals at risk
7	Identify any changes to individual care plans for those in high-risk groups, which might be necessary in the event of a cold weather, including initiating daily visits by formal or informal carers to check on people living on their own.	Community Based Services
8	Work with the families and informal carers of at high-risk individuals, to ensure that they are aware of the dangers of cold weather and offer advice/leaflets on how to keep warm. Check environment temperatures of patients and ensure referral arrangements are in place.	Community Based Services
9	Encourage patients in at risk groups to seek the flu vaccination from their GP.	Community based Services, inpatient areas, walk in centre and clinics
10	Offer patients in at risk groups advice/ leaflets of how to keep warm (keep warm keep well booklet)	Walk in Centre and Clinics
11	Review surge capacity and the need for; and availability of staff support in the event of cold	Clinical site team, Emergency Department

	weather especially if it lasts more than few days	
12	Weekly use the daily notice board to inform staff to familiarise themselves with the cold weather plan and that the level one actions are currently in place.	Communications Team
13	On receipt of Met office alerts and planning guidance for London region cascade to on call personnel.	IN HOURS (Monday to Friday 0900-1700: Emergency Planning Officer Weekends and Bank Holiday: Clinical Site Team
Recommended indoor temperatures:		
Indoor temp	Effect	
21°C (70°F)	Minimum recommended daytime temperature for rooms occupied during the day	
18°C (65°F)	Minimum recommended nighttime temperature for bedrooms. No health risk, though may feel cold.	
LEVEL 2 - WINTER WEATHER FORECATS – RESPONSE		
Level 2 alert is triggered when there is a 60% risk of severe cold weather lasting at least 48 hours forecast to arrive with the next two or three days. Mean temperature 2 degrees.		
	Action	Responsibility
1	Cascade Met Office Alert and planning advice to on call personnel. Mean temperature 2 degrees Celsius.	IN HOURS (Monday to Friday 0900-1700: Emergency Planning Officer Weekends and Bank Holiday: Clinical Site Team
2	Ensure that list of patients at risk are up to date	Community Based Services
3	Put in place additional care arrangements if considered necessary	Community Based Services
4	When visiting patients, ensure that they are warm and have at least one room that meets the recommended room temperatures (21°C daytime and 18°C nighttime)	Community Based Services
5	Check that patients have supplies of food and medication	Community Based Services
6	Remind patients of actions they	Community Based Services

	may take to protect themselves from the effects of severe cold	
7	Prepare actions to be taken to increase capacity to meet increases pressures	Community Based Services /Inpatient areas
8	Consider how forecast weather conditions may affect your ability to make your visits/do your work.	Community Based Services
9	Check that the temperatures in patients' areas meet the recommended room temperatures (21°C daytime and 18°C nighttime)	Estates/ Clinical Lead / Matron/ Senior Nurse in Charge/Labour Ward / Inpatient areas /walk in centre and clinics.
10	Identify patients within at-risk groups preparing for discharge and ensure they get advice /leaflets on how to keep warm	Inpatient areas
11	Ensure that preparations have been made for potential influx of weather-related injuries and illnesses	Walk in centre and clinics
12	Monitor service level to ensure staffing levels will be sufficient to cover the anticipated period.	Clinical Lead / Matron / Senior Nurse in Charge/ locality Managers / Midwives
13	Make provision for surge capacity	Emergency Department, Clinical Site team
14	Inform staff of alert level increase via the daily notice board.	Communications Team
15	Feature alert level change on front page of the Trust website and link to met office severe weather alert page.	Communications Team
Recommended indoor temperatures:		
Indoor temp		Effect
21°C (70°F)		Minimum recommended daytime temperature for rooms occupied during the day
18°C (65°F)		Minimum recommended nighttime temperature for bedrooms. No health risk, though may feel cold.

LEVEL 3 – ENHANCED ACTION		
Severe winter weather is occurring: Mean temperatures of 2°C or less and/or widespread ice and heavy snow.		
	Action	Responsibility
1	Cascade of Met Office Alert and planning advice to on call personnel	IN HOURS (Monday to Friday 0900-1700: Emergency Planning Officer Weekends and Bank Holiday: Clinical Site Team
2	Continue all level 2 actions	Community Based Services / Clinical Lead / Matron/ Senior Nurse in Charge/Labour Ward / Inpatient areas /walk in centre and clinics.
3	Call a meeting of Trust colleagues to agree key messages and actions and cascade alert briefing through internal and external communications channels	Emergency Planning Officer and Communications Team
4	Prepare to support increase discharge from Acute Trusts and implement actions to increase capacity to meet increased pressures as required	Community Based Services Inpatient Areas
5	Consider whether it is necessary to maintain daily telephone contact with vulnerable patients	Community Based Services
6	Consider how forecast weather conditions may affect your ability to make your visits /do your work (i.e., ice, snow)	Community Based Services
7	Inform staff of alert level increase via the front page of intranet and via the daily news bulletin.	Communications team
8	Feature alert level change on front page of the Trust website. Link to Met Office	Communications team
9	Monitor disruption to services and the implementation of the Trust wide BCPs or surge management plans – if either is activated then inform the on-call director who will monitor the situation if required.	On call senior managers
Recommended indoor temperatures:		
Indoor temp		Effect
21°C (70°F)		Minimum recommended daytime temperature for rooms occupied during the day
18°C (65°F)		Minimum recommended nighttime temperature for bedrooms. No health risk, though may feel cold.

LEVEL 4 – EMERGENCY RESPONSE

Exceptionally severe weather or temperature thresholds breached for > six days.

This is issued when the cold weather is so severe and /or prolonged that its effects outside health and social care, such as power or water shortages, and / or where the integrity of health and social care system is threatened, at this level, illness and death occur among the fit and healthy and not just in high-risk groups. Level 4 may be declared locally, regionally, or nationally, according to established operating doctrines.

If a level 4 alert is issued, then it is likely that the Trust, will also need to declare a major incident. In this event all Level 3 actions will continue to apply and will be used alongside the Major Incident Procedures. The decision on whether to declare a major incident will be up to the on-call director.

	Action	Responsibility
1	If a major incident is declared implement Major Incident Plan	Chief Executive / Director on Call
2	Coordinate response with NHS Health Partners	All
3	All level 3 actions to continue	All
Recommended indoor temperatures:		
	Indoor temp	Effect
	21°C (70°F)	Minimum recommended daytime temperature for rooms occupied during the day
	18°C (65°F)	Minimum recommended nighttime temperature for bedrooms. No health risk, though may feel cold.

RECOVERY

Should a cold weather event affect the Trust's operations or the local community the Director on call is responsible for initiating and managing the Trust's recovery processes (as detailed in the Major Incident Plan). Should the impact upon the Trust be significant, the Director on call should consider appointing Recovery Manager to coordinate the internal recovery process as a support to their overall leadership of the incident?

	Action	Responsibility
1	Hold a debrief and discuss any learning outcomes produce a report and action plan	Emergency Planning Officer/ key staff
2	Amend the Trust Cold Weather Plan as necessary	Emergency Planning Officer

8. SNOW

The effects of snow upon the Trusts operations will vary depending upon its severity, the speed of onset and the length of time it continues snowing. The primary difficulty posed by snow is its impact upon travel, both staff travel to work, between sites and home visiting. For travel guidance see the Highways Agency and Transport for London websites:

<https://highwaysengland.co.uk/traffic/>

<http://www.tfl.gov.uk/tfl/livetravelnews/realtime/tube/default.html>

Local Authority Gritting

London Borough of Islington

Within London Borough of Islington the yellow grit bins are outside the boroughs 3 Fire Stations, 2 MET Police stations including the BTP building in Caledonian Road, Whittington Hospital and finally the ambulance station in Brewery Road. These are filled up as a priority following the forecast of severe cold weather.

London Borough of Haringey

The gritting maps are on the Haringey website, see below.

http://www.haringey.gov.uk/index/environment_and_transport/roadsandstreets/road_maintenance/gritting.htm

Whittington Health Snow and Ice Control Standard Operating Procedure which has been developed to provide the Trust staff, patients and visitors with reasonable level of mobility during adverse weather conditions.

Business continuity and snow

Services whose delivery is affected by the snow should consider monitoring their service and activating the appropriate Business Continuity Plan as necessary; should the impact affect many services, or high priority services, the director on call will consider whether it is necessary to activate the Strategic Business Continuity plan/ Major Incident Plan.

Patient care

The actions listed under the cold weather alert levels 2 and 3 should be considered in the event of snow if not already initiated.

9. COMMAND, CONTROL & COORDINATION ARRANGEMENTS FOR COLD WEATHER

Command and Control

The response to cold weather will be localised at level 1, 2, and 3 and will be managed through the pre-defined response actions. At alert level 4 or if it becomes a 'declared' business continuity incident refer to the Strategic Business Continuity Plan/ Major Incident Plan.

Calls will focus on:

- Delayed Transfers of Care which are proving difficult to facilitate discharge e.g., due to housing issues, IMCA (Independent Mental Capacity Assessment), delays with mental health assessments etc.
- Medically Optimised delays (both external and internal issues)
- Excessive repatriation delays
- Other delays which are proving intractable such as homeless

Procedure:

- The relevant NCL provider (acute, community, mental health or social care) to escalate their concerns to the Surge Hub (Nelcsu.surgemanagement@nhs.net) or by paging the ICB Surge Team on **0333 200 5022** and asking for page NELCSU1.
- The provider will ensure there is a summary of the issue with dates, initials and names and contact details of all relevant organisational managers involved.
- The Surge Team will arrange for a conference call between all parties which will be chaired by a Senior Manager. Prior to the conference call, the Surge Team will send out the case history so that any of the parties may wish to submit other information on the call itself.
- If the first conference call does not result in a resolution to the case, a second conference call will be arranged before the call is ended. This is unusual and only happens when additional information requested on the call is not immediately available.
- Most calls reach resolution the first occasion and the Surge Hub will send key points from the conference call to all parties as well as an RCA with timelines for learning to be embedded within the relevant organisations/systems.

10 REFERENCES

UK Health Security Agency (2023) *Adverse Weather and Health Plan*. Sited at

[Adverse Weather and Health Plan - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/adverse-weather-and-health-plan) [17 November 2023].

Met Office (2023) *Find a Forecast*. Sited at

[Weather and climate change - Met Office](https://www.metoffice.gov.uk/forecast) [17 November 2023].

Haringey London (2023) *Road and Pavement Winter Gritting*. Sited at

[Road and pavement winter gritting | Haringey Council](https://www.haringey.gov.uk/road-and-pavement-winter-gritting)



Meeting title	Trust Board – public meeting	Date: 29 November 2023
Report title	Quality Assurance Committee Chair's report	Agenda item: 6
Committee Chair	Naomi Fulop, Non-Executive Director	
Executive lead	Sarah Wilding, Chief Nurse & Director of Allied Health Professionals	
Report authors	Marcia Marrast-Lewis, Assistant Trust Secretary, and Swarnjit Singh, Joint Director of Inclusion and Trust Secretary	
Executive summary	<p>The Quality Assurance Committee met on 8 November 2023 in a reduced format due to an internal incident (OPEL 4) within the Trust the following items were considered:</p> <ul style="list-style-type: none">• Simmonds House• Winter Pressures• Never Event <p>Following discussion, the following key risks were identified to be reported to the Trust Board:</p> <ol style="list-style-type: none">1. Issues at Simmons House2. Operational pressures and risk related to infection control, patient experience and risks.	
Purpose	Noting	
Recommendations	Board members are asked to note the Chair's assurance report for the meeting held on 8 November 2023	
BAF	Quality strategic objective entries and the Integration 2 entry	
Appendices	<ol style="list-style-type: none">1. Quality report2. Q1 2023/24 Learning from deaths report	

Committee Chair's Assurance report

Committee name	Quality Assurance Committee
Date of meeting	8 November 2023
Summary of assurance:	
1.	<p>The Committee confirms to the Trust Board that it took reasonable assurance from the following agenda items:</p> <p>Never Event Following a written briefing to the Trust Board the Committee received a verbal report from the Medical Director in relation to an incident where a patient presented with hydronephrosis, a blockage of the ureter causing back pressure to the kidney, they had a non-elective procedure to insert a stent into the right ureter. The World Health Organisation (WHO) checklist was used, the completeness and culture around the use of the WHO checklist would later inform the investigation. The patient was discharged following the procedure but then re-presented a few weeks later with ongoing symptoms of pain and malaise. A CT scan found that the patient had bilateral hydronephrosis and a stent had been placed in the left ureter which was then causing back pressure on the kidney. This confirmed that despite imaging and other checks, the wrong side ureter had been stented during the procedure. The Committee was assured that the surgical team acted very quickly on the Never Event when it was discovered, the patient had an endoscopic removal of the left ureteric stent and stenting of the right urethra.</p> <p>A serious incident had been declared and would be investigated by the Associate Medical Director for Patient Safety.</p> <p>The Committee noted the verbal update and agreed that the final report should also include some bench marking to establish whether similar incidents had occurred at other trusts.</p> <p>Simmons House Committee members were apprised of the latest developments in respect of two serious incidents at Simmons House that were declared in October 2023.</p> <p>The first relates to a young person who committed suicide by ligature at Simmons House using a tap as an anchor point- they died later at Great Ormond Street Paediatric intensive care unit.</p> <p>The second relates to three absconsions from the Unit using varying methods. The Trust would appoint external investigators to scrutinize the incidents.</p> <p>The initial response by the Trust was to ensure the safety of each young person at the unit, a dynamic risk assessment and review of individual circumstances was undertaken on each patient. Additionally, a ligature risk assessment was done with clinical teams, the Unit remains closed to new admissions.</p>

The Collaborative had previously been invited to carry out a peer review on the back of a previous complaint made to the CQC, the findings had been received at the Trust and would be discussed with the teams to agree factual accuracy.

The Committee was informed that the Trust has been working closely with the Safeguarding Teams at Haringey and Islington. A rapid review and duty of candour responses had taken place with all families across all of the incidents. The CQC had requested a meeting with the senior leadership team and the wider quality assurance team.

Specific work had been undertaken with the Deputy Chief Nurse, the Senior Leadership Team in the Integrated Clinical Unit and the Assistant Medical Director for Patient Safety to track all of the actions associated with the peer review and monitor all communications/

The Committee was assured that the Trust policy on ligature safety was current and in place but there was an opportunity to review and strengthen as appropriate. New CQC guidelines on ligature free and ligature reduction in organisations was due to be released shortly. The Chief Nurse confirmed that ligature cutters were available across the Organisation.

The Medical Director informed the Committee that a meeting with the Tier Four Collaborative Commissioners and Child and Adolescent Mental Health (CAMHS) leadership team was scheduled for 9 November.

The Director of Estates and Facilities confirmed that the building was owned by a private landlord, it was leased by Camden & Islington (C&I) Council and sub-let to the Trust. The Trust had ordered replacement anti-ligature taps, delivery was expected later in the month. Work would continue with clinical colleagues to programme the works to install the taps. A full architectural design review of the facility was also scheduled which would also incorporate a gap analysis in terms of the relevant Health Technical Memoranda (HTMs) and Health Building Notes (HBNs). Recommendations and action plans arising out of this exercise were expected in the first week of December.

The Chief Nurse assured the Committee that support for young persons in the Unit came from clinical teams, who found different ways to mark the victim's life. Where appropriate, teams have visited the homes of the family and considerable support had been given to staff at the unit as well as staff across the wider organisation. The Committee noted that an action plan which would cover every element of the of the safety risk assessment, environmental and staff support would be reported to the Trust Board for assurance. Ligature risks would be a standing item on the Health & Safety Committee for assurance.

The Committee noted the verbal report and agreed that an update on the outcome of the peer review and architectural design review would be reported back to the Committee before submission to the Trust Board for assurance.

Winter Pressures

The Committee received a verbal report on the current operational pressures affecting the Trust. The Trust was running at sustained and extreme high levels

	<p>of occupancy, high demands for services, particularly emergency care pathways and ongoing challenges in discharging patients who were well enough to leave hospital but would remain due to packages of care, transfer issues to care homes and mental health facilities. Additionally staffing levels in some areas were difficult. All these factors had resulted in longer waits patients and the Trust has declared OPEL 4 status which meant that the Trust would need to enact its de-escalation plans to relieve operational pressures and reduce risks to patient safety. The Committee was advised that the despite efforts, the Trust had been at OPEL 4 for 10 consecutive days, which was indicative of extensive system wide pressures.</p> <p>The Committee was apprised of additional plans to increase capacity and reduce waiting times for patients included:</p> <ul style="list-style-type: none"> • Opening additional beds on Ifor ward and treat and transfer for a child to UCLH. • Work with local authorities for them to commission additional capacity. • Increase virtual ward beds • Create extra bed capacity through the conversion of Thorogood Ward into a base ward and Victoria ward into an escalation ward from mid-December. • Agree a staffing model for Victoria and Eddington wards which were designated surge wards. <p>The Committee considered risks to the emergency care plan, around negative impact on patient experience, lack of funding for staffing for escalation wards and risks to infection control during periods of high pressure.</p> <p>The Committee noted the plans in place to de-escalate operational pressures and were assured that a formal report would be submitted to the Trust Board for approval.</p>
2.	<p>Present: Naomi Fulop, Non-Executive Director (Committee Chair) Amanda Gibbon, Non-Executive Director Chinyama Okunuga, Chief Operating Officer Baroness Glenys Thornton, Non-Executive Director Sarah Wilding, Chief Nurse & Director of Allied Health Professionals Dr Clare Dollery, Medical Director</p> <p>In attendance: Paddy Hennessey, Director of Estates & Facilities Phillip Lee, Associate Medical Director for Patient Safety Anne O'Connor, Interim Associate Director of Quality Governance Kat Nolan-Cullen, Compliance and Quality Improvement Manager Nicola Sands, Deputy Chief Nurse Marcia Marrast-Lewis, Assistant Trust Secretary Carolyn Stewart, Executive Assistant to the Chief Nurse</p> <p>Apologies: Swarnjit Singh, Joint Director of Inclusion & Trust Secretary Tina Jegede, Joint Director of Inclusion and Lead Nurse, Islington Care Homes</p>



Meeting title	Quality Assurance Committee	Date: 8th November 2023
Report title	Quality Report: Q2 2023/24	Agenda item: 4.6
Executive director lead	Dr Clare Dollery, Medical Director Sarah Wilding, Chief Nurse and Director of Allied Health Professionals	
Report author	<ul style="list-style-type: none">• Anne O' Connor; Associate Director of Quality Governance• Antoinette Webber, Head of Patient Experience• Erum Jamall, Associate Medical Director Clinical Effectiveness• Louise Roper, Head of Patient Safety• Sarah Crook, Head of Clinical Effectiveness• Kat Nolan-Cullen, Compliance and QI Manager• Iona MacDonald, Quality Improvement Lead• Tracey Groarke, Infection Prevention & Control Nurse - Operational lead	
Executive summary	<p>This is the regular quarterly paper to provide an overview of quality across the organisation, covering patient safety, patient experience, clinical effectiveness, quality improvement and assurance. This report will cover Q2 2023/24, key highlights include:</p> <ul style="list-style-type: none">• There has been a decrease in the number of recorded pressure ulcers compared to previous quarters. There has been a reduction in full thickness pressure damage and levels of harm; there has been no hospital acquired category 4 pressure ulcers since February 2023. However, the incidence of full thickness pressure damage remains a concern in the community.• There have been 21 definite and eight probable COVID-19 Health Care Acquired Infections, no MRSA or MSSA infections and one Clostridium Difficile infection hospital onset hospital acquired (compared to seven C. Diff Hospital onset / Hospital Acquired in Q1). This brings to a total of 8 cases against an annual trajectory of 13.• The Trust reported two Serious Incidents in Qtr2 with investigations underway and submitted six completed SIs to the Integrated Care Board (ICB). – See separate SI report• As of 30/09/23 there were 68 (9.4%) incidents between March 2022 and September 2023 that have outstanding Duty of Candour requirements. The downward trend continues with 201 in Q4 22/23 and 105 Q1 23/24.• Complaint response timescales remain below the 80% target at 55%	

	<ul style="list-style-type: none"> • Outlier status confirmed for NICE quality standard 33 (2013 version, stating that patients referred with suspected persistent synovitis should be seen within three weeks of referral. The • Inpatient survey results were disappointing, indicating a number of areas for improvement with an action plan in place. • During Q2 an additional 37 new volunteers were recruited, taking the total number of volunteers to 91
Purpose:	Discussion and approval for Trust Board.
Recommendation(s)	<p>Members are asked to approve for Trust Board:</p> <ul style="list-style-type: none"> • Identify key issues of good practice to highlight to the Board. • Escalate any concerns where there is insufficient assurance to the Board.
Risk Register or Board Assurance Framework	Quality 1 - Failure to provide care which is 'outstanding' in being consistently safe, caring, responsive, effective, or well-led and which provides a positive experience for our patients may result in poorer patient experience, harm, a loss of income, an adverse impact upon staff retention and damage to organisational reputation.
Report history	This report comprises elements that have been report to the Quality Governance committee in extended form

1. Introduction

The Quality Governance quarterly report is designed to demonstrate Whittington Health's commitment to continuous learning and improvement. This report provides a systematic analysis of intelligence from patient experience, patient safety and clinical effectiveness, including key performance metrics, as well as themes and trends for Q2 2023-2024. This aggregated approach allows the Trust to proactively identify any underlying concerns and to allocate resources accordingly to drive improvement.

2 Patient Safety

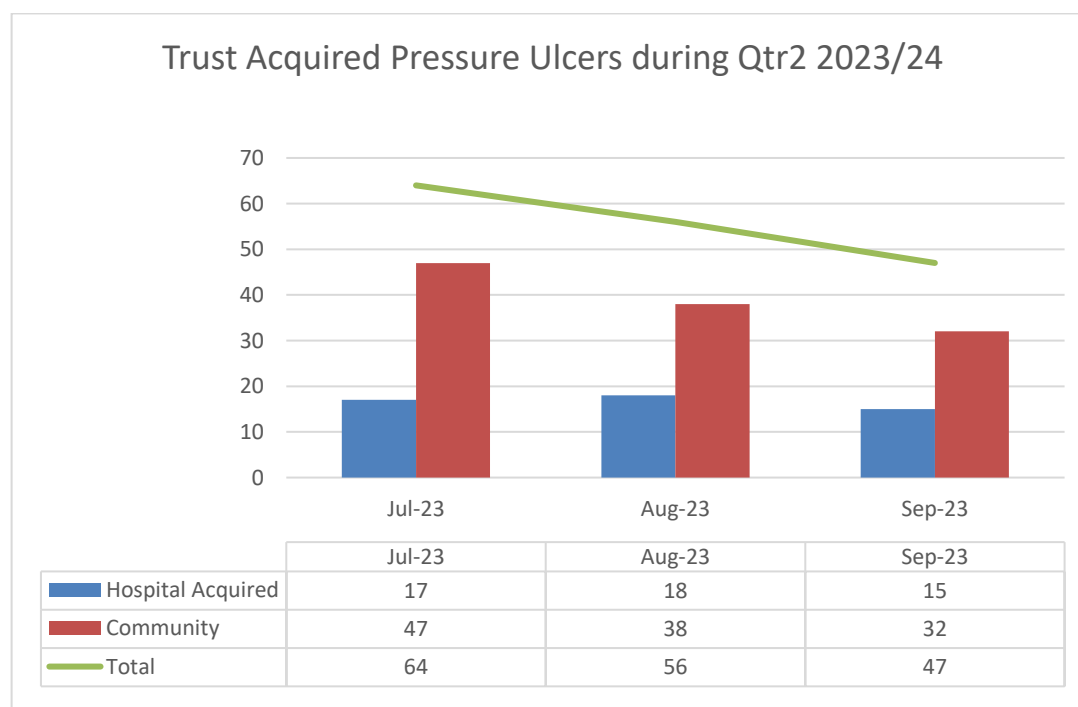
2.1 Exception reports

2.1.1 Pressure Ulcers

The data presented in this report does not include moisture lesions and category 1 pressure ulcers but does include Cat 2-4, mucosal, deep tissue injury, and unstageable pressure ulcers, which are reportable externally.

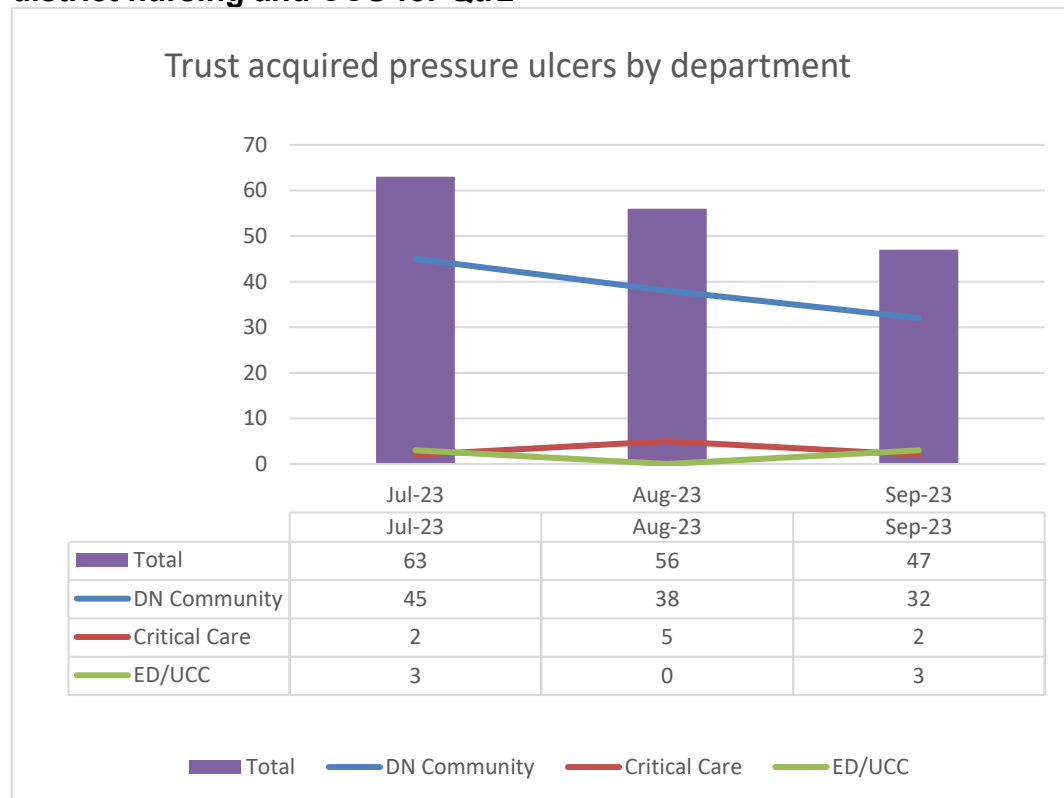
- The Trust has a target to reduce overall Trust attributable pressure damage by 20%, and full thickness pressure damage by 50% in 2023/2024.
- There has been a decrease in the total number of recorded pressure ulcers in Q2 2023 (167) compared to Qtr1 2023 (217).
- There has also been a decrease in actual numbers comparing Qtr2 2022 (210) to Qtr2 2023 (167), in line with the Trust target of 20%.

Fig 1: Total number of Trust acquired Pressure Ulcers during Qtr2



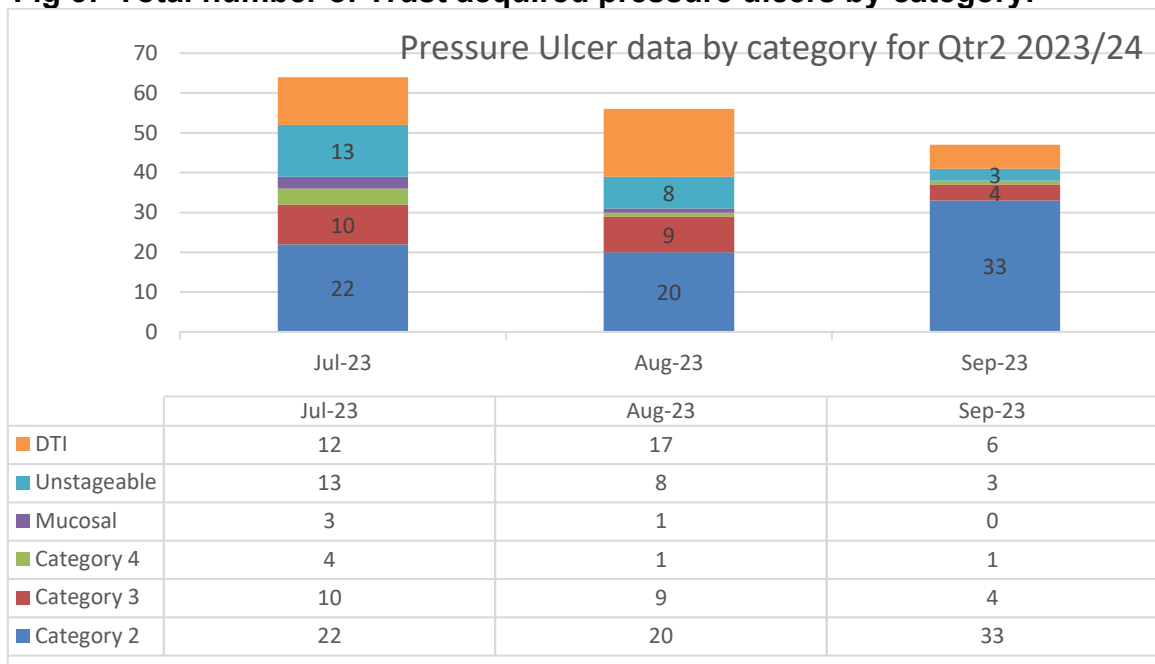
- Community acquired pressure damage remains the highest area for reported incidents with critical care and the Emergency Department reporting the highest numbers within the acute setting. To note that ED reports pressure damage on admission, not necessarily as acquired.

Fig 2 :Total number of Trust acquired pressure ulcers recorded comparing ED, district nursing and CCU for Qtr2



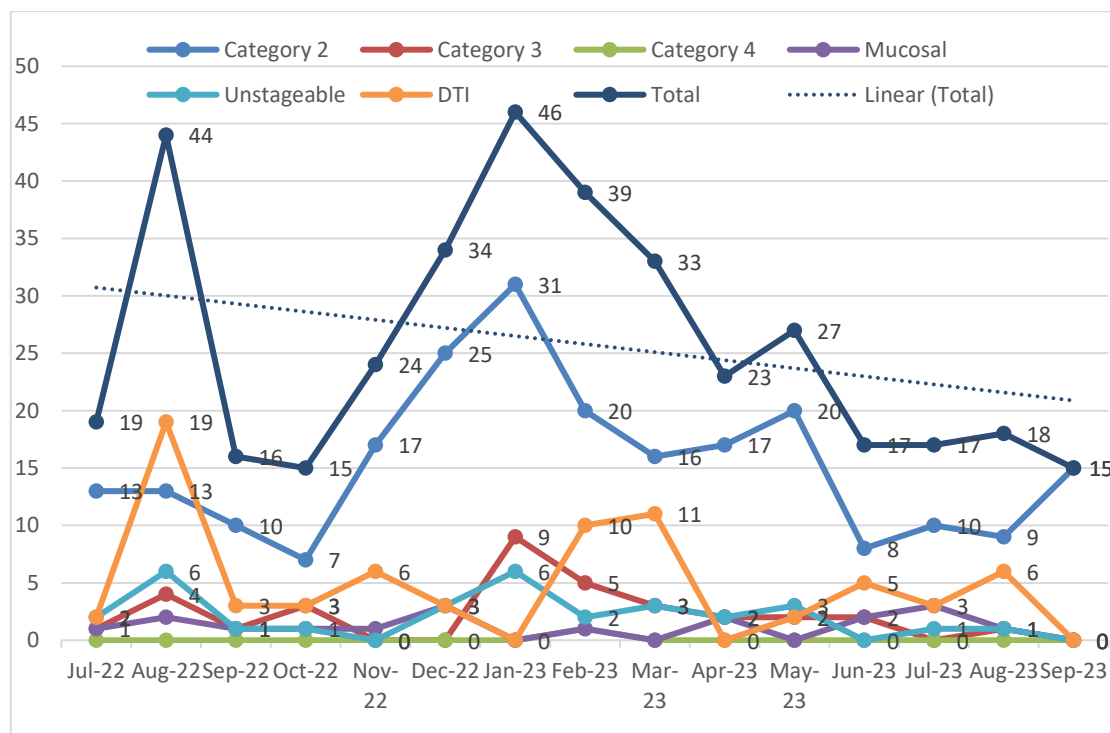
- Following the implementation of the Trust Pressure Ulcer Improvement plan, the Trust has demonstrated a success in reducing the incidence pressure ulcers, particularly full thickness pressure damage and levels of harm; there has been no hospital acquired category 4 pressure ulcers since February 2023.

Fig 3: Total number of Trust acquired pressure ulcers by category.



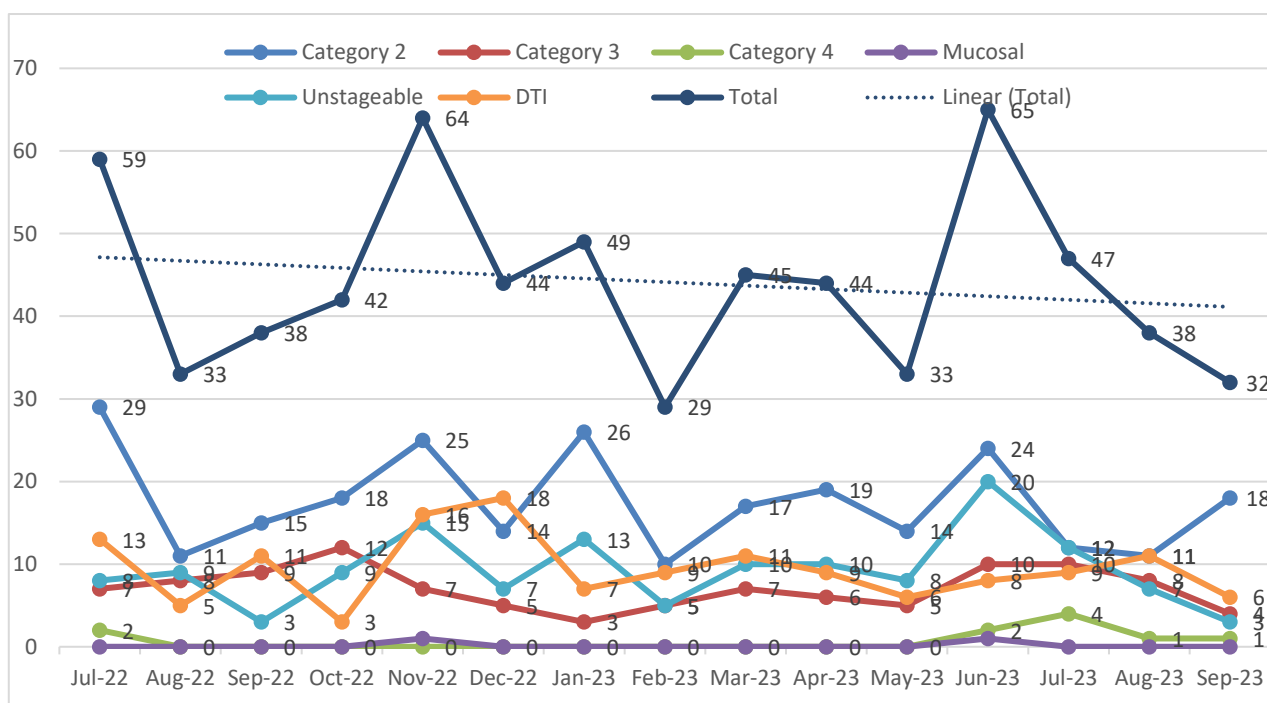
- The acute hospital setting has seen a decreasing trajectory over the last six months mainly attributable to achievements from the Trust Pressure Ulcer Improvement Plan

Fig 4 : Hospital attributable pressure damage July 2022 – September



- There was a sharp rise in community acquired pressure damage in the Qtr1, with the highest number of full thickness pressure ulcers since April 2022, although this is now on a decreasing trajectory in Qtr2.
- An area of concern has been the increased incidence of full thickness category 4 pressure damage in the community setting; there have been a number of contributory factors for this including equipment delivery issues, carer involvement and patient engagement challenges.
- There are known issues with NRS (pressure ulcer relieving equipment company) for a number of equipment types since the contract implementation. Concerns were escalated to the Integrated Care Board (ICB) and the commissioners of this service, although there has been some improvements it remains inconsistent. This is also recorded on the Trust risk register.

Fig 5: Community attributable pressure damage July 2022 – September 2023



Actions to recover.

- Trust Pressure Ulcer Group to monitor and support recovery.
- There is a pressure ulcer improvement plan to prevent and reduce Trust acquired pressure ulcers which will be monitored by the Pressure Ulcer Group. There are five key aims:
 - o Assessment
 - o Planning care
 - o Equipment
 - o Education & Training
 - o Quality & Risk:
- Work on integrating pressure area care documentation into the Trust electronic platforms is progressing.

2.1.2 Patient Falls

- Compared to Qtr2 last year, the number of patient falls has decreased by 16 incidents with a reduction in no harm incidents (20). There was a slight decrease in moderate harm incidents (1) during 2023 however an increase in low harm (4) and death not caused by the incident (1). 72-hour reports were completed for four incidents. Two were presented at Serious Incident Executive Action Group (SIEAG) and closed with no further action required. One incident will be investigated by a Swarm huddle. The fall where death was not caused by the incident, was presented at SIEAG on 22 September and a structured judgement review (SJR) was requested.

Fig 6: Number of patients falls by category of harm

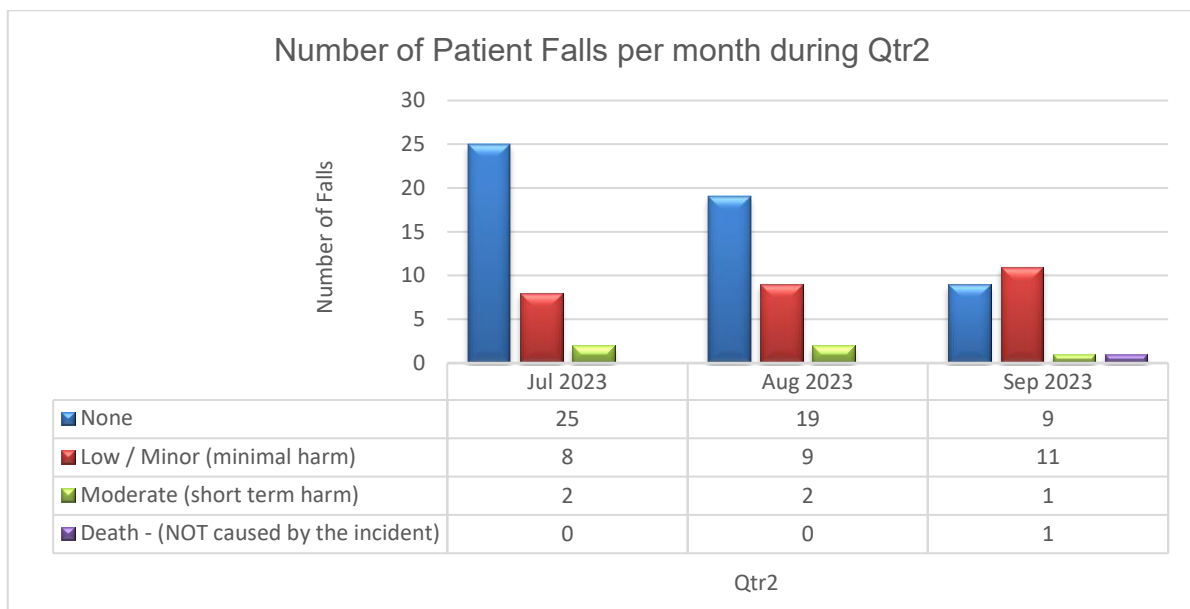
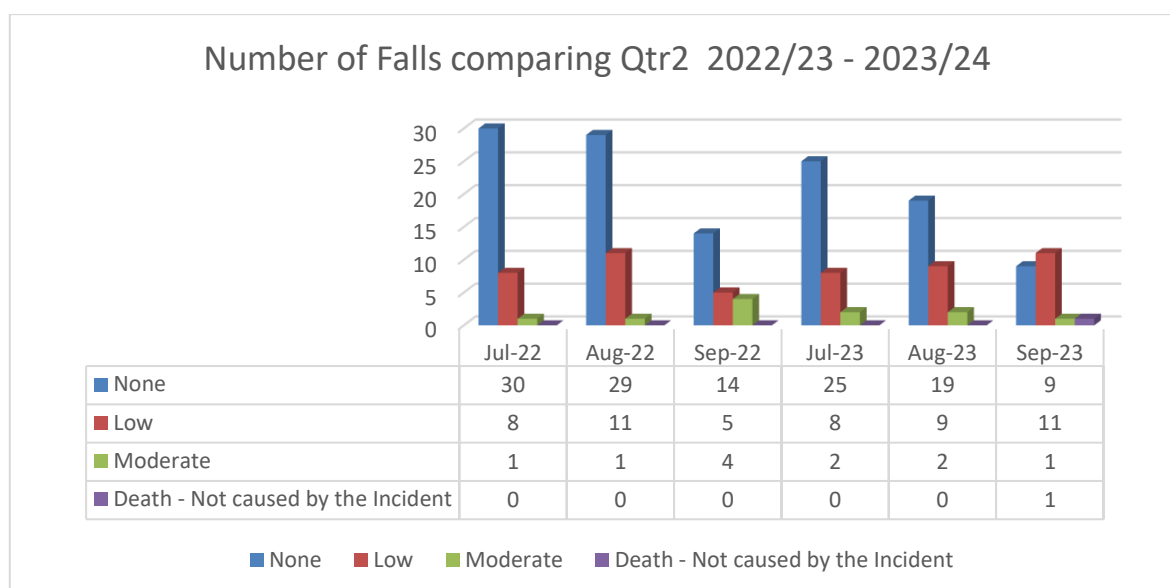


Fig 7: patient falls by level of harm comparing Q2 2022 & Q2 2023



- The highest number of falls were on Acute Medical wards (19) which is an increase from Q1. Care of Older Persons (COOP) wards (11) had a 31% decrease compared to Q1(16). Emergency department and Surgical wards also saw an increase compared to Q1, acute medical wards (15) and surgical wards (12) which is a considerable decrease for COOP wards compared to Qtr4; 27% decrease.

Table 1 : Highest number of Falls by department; data taken from Datix for Qtr2

Department	Jul 2023	Aug 2023	Sep 2023	Total	Compared to Qtr1
Acute Medical Wards (Nightingale, Montuschi, Victoria)	7	11	1	19	↑ (15)
Emergency Department	3	5	8	16	↑ (12)
Surgical Wards (Coyle and Mercers)	7	6	3	16	↑ (12)
Care of Older People Wards (Cloudesley, Meyrick, Cavell)	4	5	2	11	↓ (16)

Key Learning from Falls Incidents

- Communication to improve between nursing staff and Physiotherapists.
- Multi-disciplinary training for post fall protocol.
- Continue Baywatch for patients who are high risk of falls.
- Continue focusing on falls prevention.

2.1.3 Mixed Sex Breaches

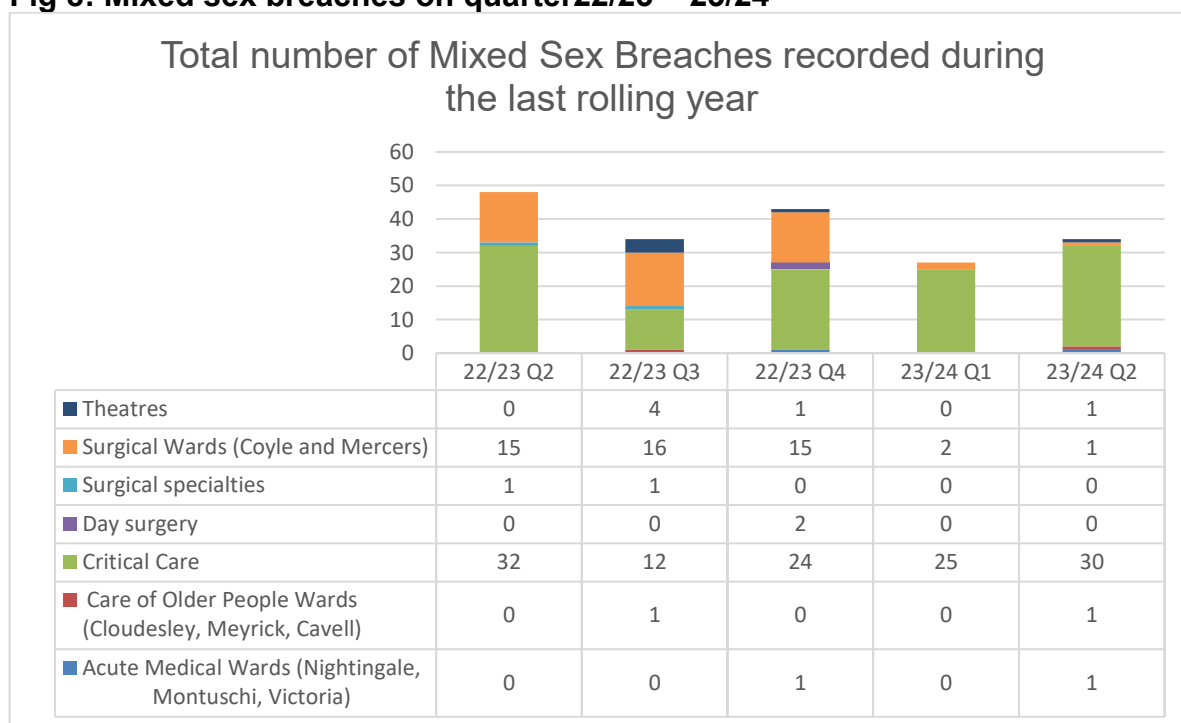
- There has been an increase in the number of mixed sex breaches compared to Qtr1 (27).

Table 2: Mixed Sex Breaches by area Q2 2023/24

	Jul 2023	Aug 2023	Sep 2023	Total
Acute Medical Wards (Nightingale, Montuschi, Victoria)	0	0	1	1
Care of Older People Wards (Cloudesley, Meyrick, Cavell)	0	0	1	1
Critical Care	5	9	16	30
Surgical Wards (Coyle and Mercers)	0	1	0	1
Theatres	0	0	1	1
Total	5	10	19	34

- The number of recorded mixed sex breaches on the surgical wards over the last rolling year has reduced considerably during Qtr1 & Qtr2 2023/24.
- The number of mixed sex breaches in Critical Care remain high due to patients who test positive for infections, resulting in the need to place patients in beds according to infectious status rather than gender.

Fig 8: Mixed sex breaches on quarter 22/23 – 23/24



2.2 Patient Incident data and themes

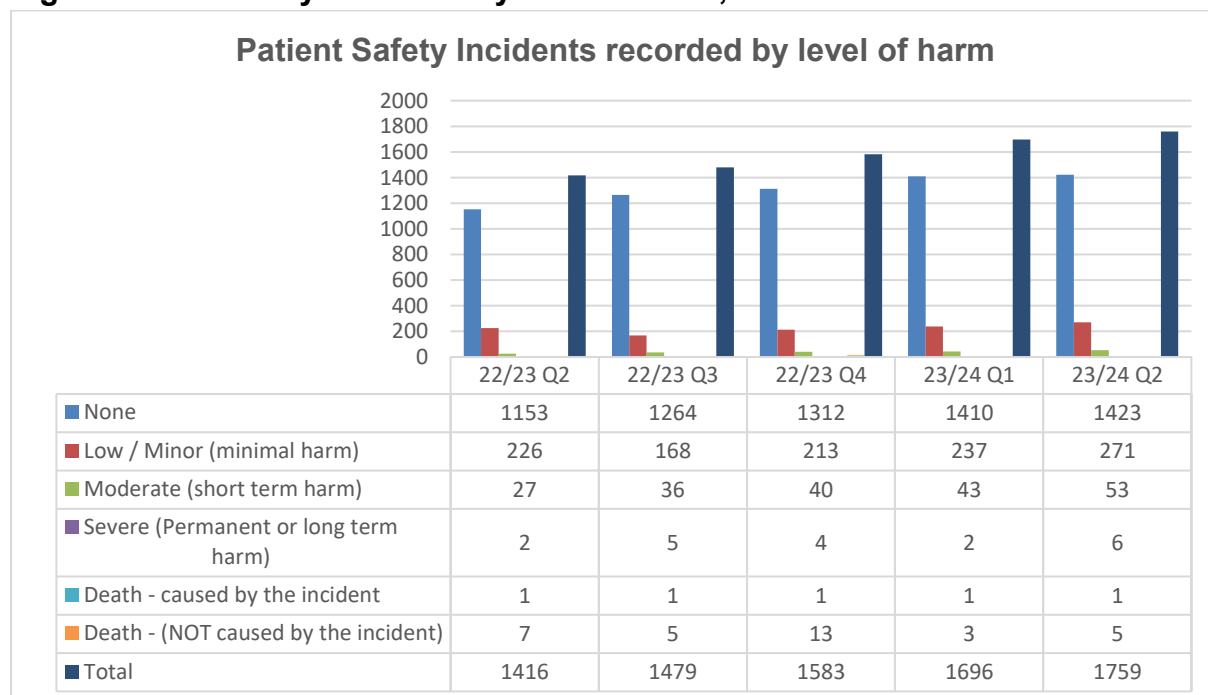
- During Qtr2 there were 1759 patient safety incidents recorded on Datix with 65 being recorded as moderate harm and above. (Please note that due to inconsistencies in data capture of pressure ulcers attributable and non-attributable to WHT, the below data does not include this category for this quarter).

Table 3: Patient Safety incidents Q2 23/24*

	Jul 2023	Aug 2023	Sep 2023	Total
None	436	487	500	1423
Low / Minor (minimal harm)	112	89	70	271
Moderate (short term harm)	16	22	15	53
Severe (Permanent or long-term harm)	0	4	2	6
Death - caused by the incident	0	0	1	1
Death - (NOT caused by the incident)	2	0	3	5
Total	566	602	591	1759

- The number of incidents reported in Qtr2 continues to increase in the no, low and moderate harm categories with 270 more reports of no harm incidents, 45 more low harm and 36 more moderate harm incidents compared with Q2 a year ago.

Fig 9: Patient Safety Incidents by level of harm, 2022-23



- The top three categories remain the same as Qtr1 although in a different order due to number of reported incidents. The fourth (abusive behaviour) and fifth (Medication) categories are no longer being reported in the top five categories, being replaced by implementation of care/ongoing monitoring and review and accident that may result in personal injury.

Table 4: Top 5 Categories of incident reported Q2

	Qtr2	Share of Incidents as a %
Security	435	22
Admission, Appointment, Discharge, Transfer, Transport	203	10
Pressure Ulcer / Moisture Associated Skin Damage	165	8
Implementation of care / ongoing monitoring / review	147	7
Accident that may result in personal injury	117	6

- Table 5 below shows the breakdown of category by detail; Implementation & ongoing monitoring/review – other had 93 incidents reported and the next highest detail was delay/failure to monitor (34).

Table 5: Breakdown of category Implementation of care / ongoing monitoring/review by detail

Category: Implementation of care / ongoing monitoring / review	Jul 2023	Aug 2023	Sep 2023	Total
Implementation & ongoing monitoring/review - other	29	35	29	93
Delay / failure to monitor	12	7	15	34
Delay/failure in acting on complication of treatment	1	0	2	3
Failure/delay to order correct tests, image etc	2	0	1	3
Delay / difficulty in obtaining clinical assistance	1	1	0	2
Diabetic Foot Ulcer (Hospital patients only)	0	2	0	2
Failure to follow up	0	1	1	2
Diagnostic images or Lab tests not available when required	0	0	1	1
Documentation (including records, identification) other	0	1	0	1
Failure to act on adverse symptoms	0	0	1	1

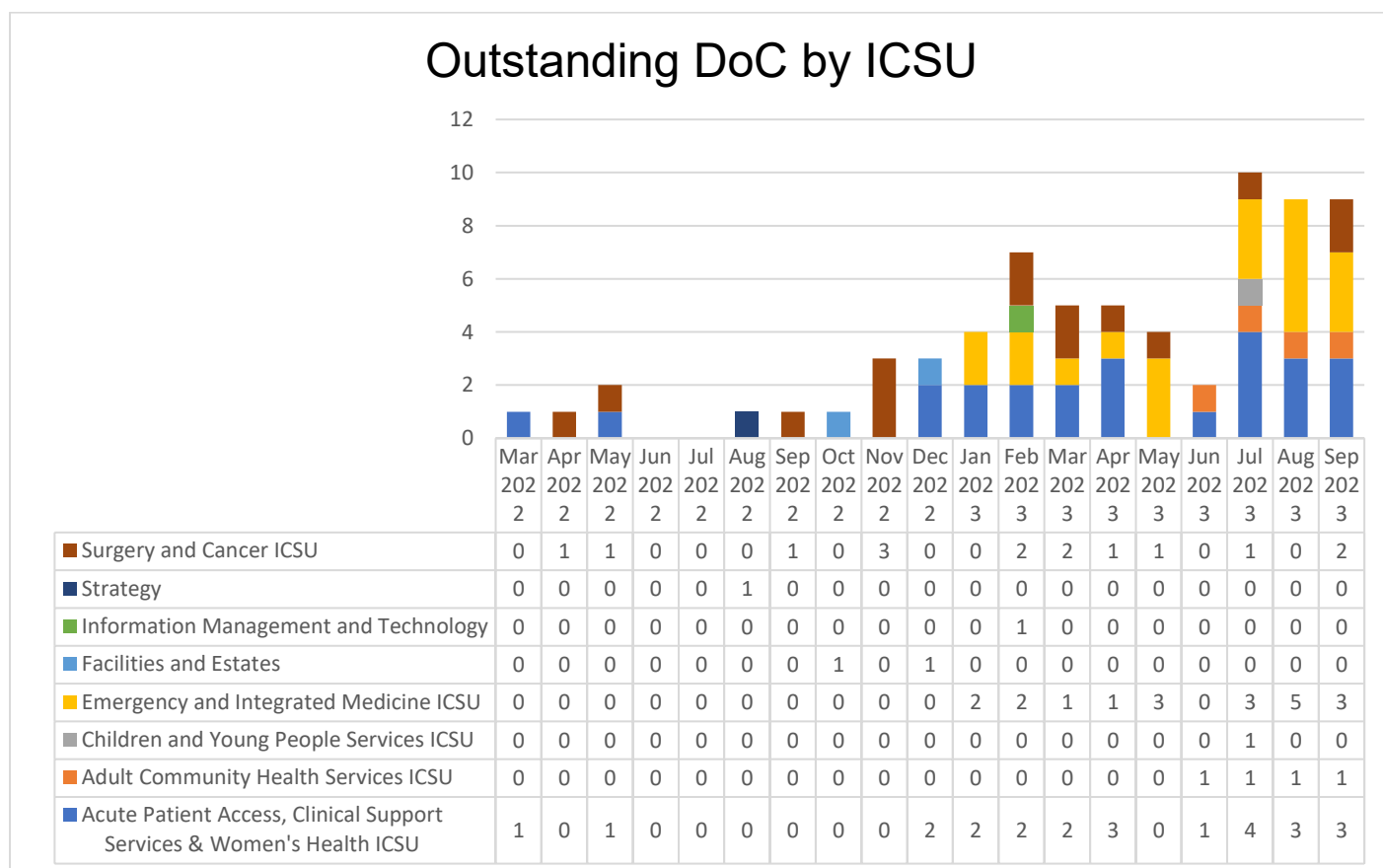
Failure to act on adverse test results or images	1	0	0	1
Failure to discontinue treatment	0	1	0	1
Return to Theatre	0	1	0	1
Unsafe / inappropriate clinical environment	0	1	0	1
(Pre-LFPSE 2023) Other - Infection control incident	0	0	1	1
Total	46	50	51	147

- The Quality Governance Team continues to support staff to increase reporting through Datix training and sessions modelled on the Essentials of Patient Safety from the National Patient Safety Syllabus.

2.3 Duty of Candour

- As of 30/09/23 there were 68 (9.4%) incidents between March 2022 and September 2023 that have outstanding Duty of Candour requirements. The downward trend continues with 201 in Q4 22/23 and 105 Q1 23/24.
- Of the 109 incidents eligible for DOC in Qtr2, the Trust has discharged 81 (74%) of its statutory duty of candour requirements.

Fig 10: Outstanding Duty of Candour from Q1 2022/23 -Q2 2023/24



- The ICSU's continue to review historic DOC requirements with data cleansing occurring where removing those incidents where DOC does not apply. In addition where a verbal DOC had been applied and it was not deemed appropriate to send a follow up written response following a significant time lapse, these incidents have been closed.
- Monthly update meetings with ICSU leads, Deputy Chief Nurse and Associate Director of Quality Governance to further progress DOC, complaints responses and risk register have been arranged.

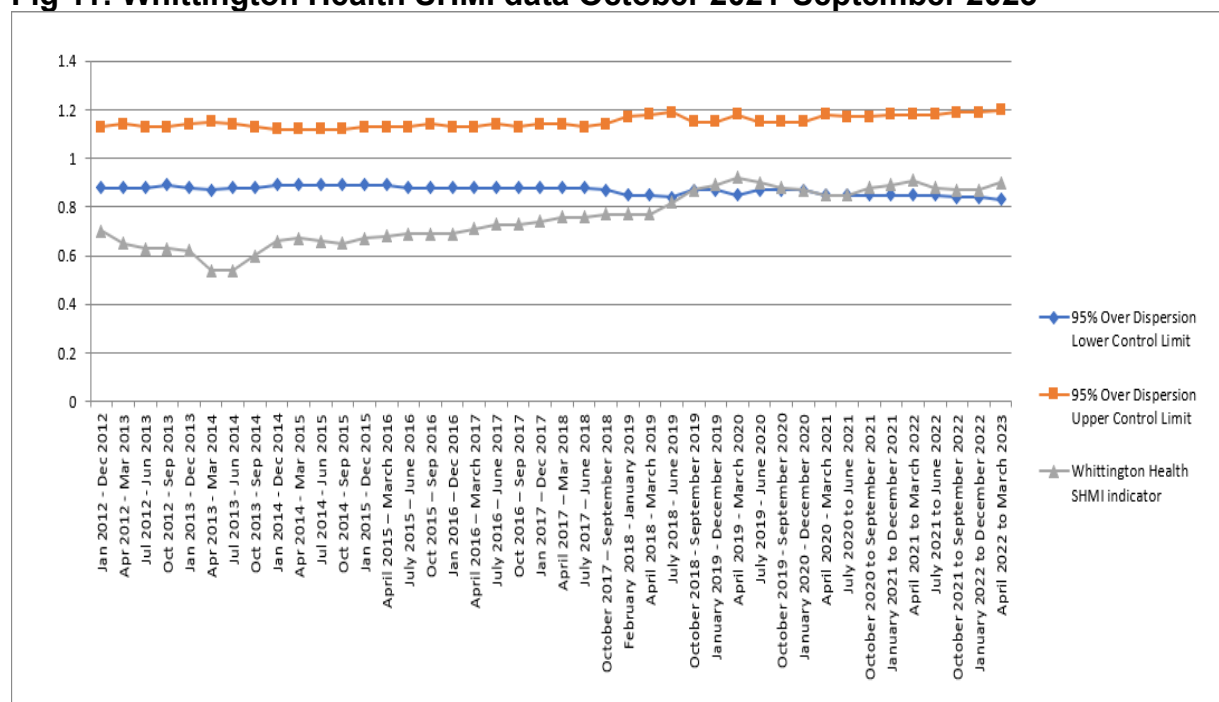
2.4 Mortality

2.4.1 Summary Hospital-level Mortality Indicator (SHMI)

The Summary Hospital-level Mortality Indicator (SHMI) is the ratio between the actual number of patients who die following hospitalisation at the Trust and the number that would be expected to die based on average England figures, given the characteristics of the patients treated. It covers all deaths reported of patients who were admitted to non-specialist acute Trusts in England and either die while in hospital or within 30 days.

The SHMI for the data period April 2022 to March 2023 is 0.90 which is as expected for this period.

Fig 11: Whittington Health SHMI data October 2021-September 2023



2.5 Infection Prevention and Control

2.5.1 Health Care Acquired Infections – COVID-19

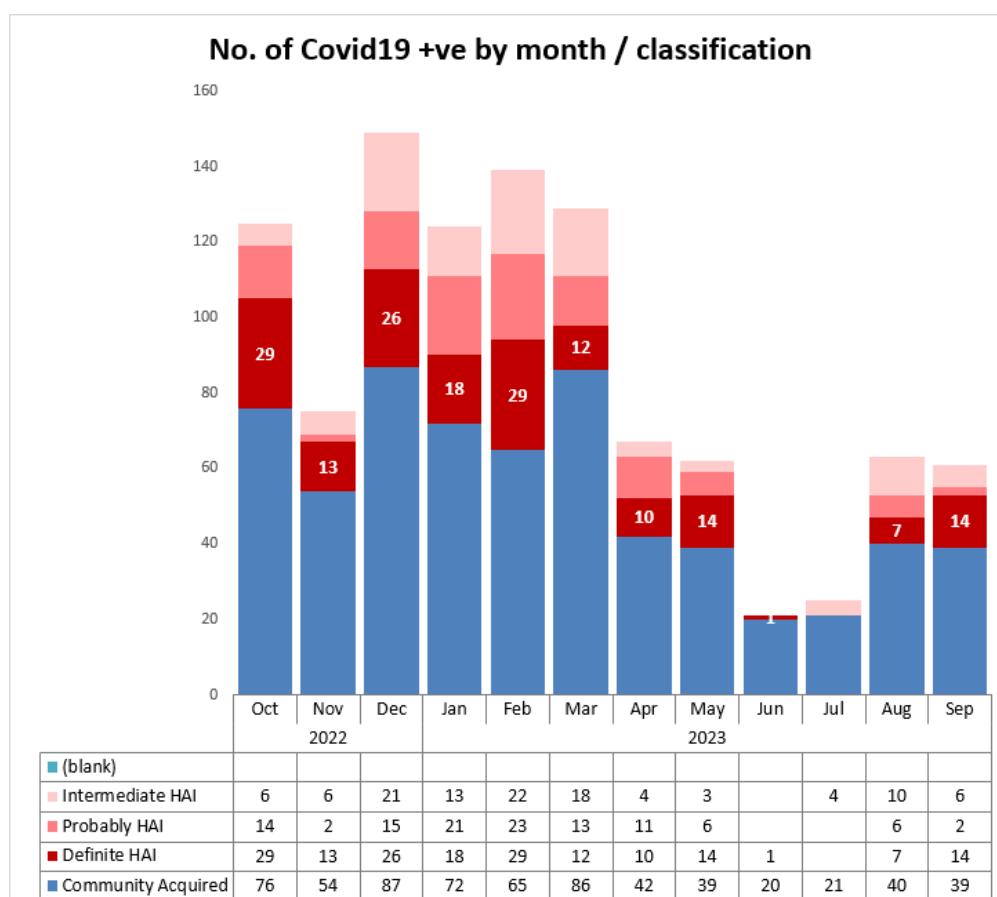
May 2023 guidance introduced from 30th March UKHSA/NHSE letter.

<https://whittnet.whittington.nhs.uk/document.ashx?id=16528> which recommends no Covid19 test required if patient is asymptomatic (unless being discharged to care

home-LFT then required). Patients who have respiratory symptoms should have a PCR.

- Total Number of positive cases 01/07 – 30/09/23 - **149**
 - Community Acquired - Pre-admission or up to day 2 - **100**
 - Intermediate HAI - Day 3 – 7 (hospital onset) - **20**
 - Probably HAI - Day 8 – 14 (hospital onset) - **8**
 - Definite HAI - Day 15 or more (hospital onset) - **21**
- There were five cases of COVID-19 in Cavell ward during August. One case tested positive and was isolated with other cases testing positive in subsequent two days.
 - There were four cases of COVID-19 in Coyle ward during August in one bay within two days. One bay affected initially with other cases testing positive in other bays in the subsequent days.
 - There were three cases of COVID-19 in Cloudesley ward during September in one bay. Other cases positive in subsequent two days.
 - There were two cases of COVID-19 in Nightingale ward during September in one bay.
 - There were seven cases of COVID-19 in Meyrick ward during September. One case tested positive and was isolated with other cases testing positive in subsequent days.

Fig 12: Number of COVID-19 positive cases by month/classification October 2022-September 2023



2.5.2 Other Health Care Acquired Infections

- a) Trust attributable blood stream infection (BSI) Qtr2
 - MRSA = 0 (zero tolerance)
 - MSSA = 0 (There is no national threshold)
- b) There was no community onset hospital acquired (COHA) of Clostridium difficile Infections (CDI).
- c) There was one hospital onset hospital acquired (HOHA) Clostridium difficile Infection during Qtr2. At the MDT meeting it was agreed this was an unavoidable case, however the preliminary severity classification was increased from mild to moderate based on the subjective presentation of the patient given by the medical consultant in addition to the CDI criteria of the post infection review (PIR). This compares to seven HOHA in Q1 23/24 and a total to date of 8 against an annual trajectory of 13.

Key learning points for Clostridium difficile infection

- Frequently prescribed laxative due to constipation, it is not known if this solely caused the diarrhoea or the CDI.
- Other symptoms such as 'feeling awful, bloated etc' were felt and expressed by the patient which the consultant felt should be a part of this review.
- From the first negative sample near admission there was no further stool sent until positive three weeks later. Agreed further education needed on other signs and symptoms of infection such as trends, olfactory, mucous, inflammatory markers to ensure patient on laxatives are not sitting in bay undetected of infection.

- d) E. coli Blood Stream Infections (BSI)

Table 6: Location of E.coli BSI

Ward	Jul	Aug	Sep	Total for the year (2023/24)
MSNO				1
Nightingale			1	2
Victoria	1	1	1	4
Coyle	2			3
Cloudesley	1			1
Thorogood	1			1
Meyrick			1	1
Total	5	1	3	13

e) Klebsiella Blood Stream Infections

Table 7: Location of Klebsiella BSI

Ward	Jul	Aug	Sep	Total for the year (2023/24)
Nightingale				1
Victoria	1			2
ITU				1
Meyrick	1			1
MSSO	1			1

f) Pseudomonas Blood Stream Infections

Table 8: Location of Pseudomonas BSI

Ward	Jul	Aug	Sep	Total for the year (2023/24)
CCU	0	0	0	1

g) MSSA Blood Stream Infections

Table 9: Location of MSSA Blood Stream

Ward	Jul	Aug	Sep	Total for the year (2023/24)
	1	0	1	2
TOTAL	1	0	1	2

2.6 Clinical harm reviews

2.6.1 Harm reviews give assurance to patients, carers, commissioners, and the public as to whether patients have been harmed, or at risk of harm, as well as helping to avoid future harm to patients (NHSE, 2016)

2.6.2 For Qtr1 and Qtr2, there were no Priority 2 patients on an admitted pathway who breached 78 Weeks.

2.6.3 Cancer 104 day breaches are not validated until the month after the end of the quarter, therefore Qtr2 data will be reported in Qtr3 patient safety report.

For Qtr1, the Trust reported 18 cancer breaches and after reallocation, there were 11.5 breaches (due to shared treatments). The table below shows the distribution of harm.

Table 10: 104 day Cancer Harm

Speciality Pathway	How many 104-day breaches Patients on admitted pathways only	How many harm reviews were completed	Number outstanding	How many resulted in harm to the patient	What level of Harm (Please insert number)	Action taken
April	Breast – 1 Colorectal – 2 Urology – 2	Breast – 1 Colorectal – 2 Urology – 0	Breast – 0 Colorectal – 0 Urology – 0	Breast – 0 Colorectal – 0 Urology – 0	No harm	Breach review meetings implemented
					Minor harm	
					Moderate harm	
					Severe/ Catastrophic/ Death	
May	Breast – 1 Gynaecology – 1 Lung – 2	Breast – 1 Gynaecology – 1 Lung – 2	Breast – 0 Gynaecology – 0 Lung – 0	Breast – 0 Gynaecology – 0 Lung – 0	No harm	Gynae – review of p/way/processes for PT that went to RNOH. Breach review meetings implemented
					Minor harm	
					Moderate harm	
					Severe/ Catastrophic/ Death	
June	Colorectal – 3 Gynaecology – 1 Lung – 1 Upper GI – 1 Urology – 3	Colorectal – 3 Gynaecology – 1 Lung – 1 Upper GI – 1 Urology – 3	Colorectal – 0 Gynaecology – 0 Lung – 0 Upper GI – 0 Urology – 0	Colorectal – 0 Gynaecology – 0 Lung – 0 Upper GI – 0 Urology – 0	No harm	Breach review meetings implemented
					Minor harm	
					Moderate harm	
					Severe/ Catastrophic/ Death	

2.7 Safety Alerts

2.7.1 The Patient Safety Team have oversight of all Central Alerting System (CAS) alerts, however responsibility for actioning and monitoring progress sits with the respective responsible meeting groups/committees. In addition to National Patient Safety Alerts, which are monitored via the Patient Safety Group, these include Estates and Facilities Alerts (EFAs) and medical devices and supply alerts (monitored via Health and Safety Group), Medicines and Healthcare products Regulatory Agency (MHRA) alerts (monitored via Drugs and Therapeutic Committee).

2.7.2 The Trust received five new National Patient Safety Alerts (NatPSAs) in Qtr2.

Table 11: National Patient Safety Alerts received in Q2 2023/24

Date Issued	Reference	Alert Title	Status	Deadline
18/07/2023	NatPSA/2023/008/DHSC	Shortage of GLP-1 receptor agonists	Alert sent to pharmacy 18/07, no response received yet.	18/10/2023
26/07/2023	NatPSA/2023/009/OHID	Potent synthetic opioids implicated in heroin overdoses and deaths	Action Completed, Alert Closed	04/08/2023

Date Issued	Reference	Alert Title	Status	Deadline
31/08/2023	NatPSA/2023/010/MHRA	Medical beds, trolleys, bed rails, bed grab handles and lateral turning devices: risk of death from entrapment or falls	Alert lead identified and with them to action.	01/03/2024
27/09/2023	NatPSA/2023/011/DHSC	Shortage of methylphenidate prolonged-release capsules and tablets, lisdexamfetamine capsules, and guanfacine prolonged-release tablets.	1 action outstanding.	11/10/2023
28/09/2023	NatPSA/2023/012/DHSC	Shortage of verteporfin 15mg powder for solution for injection	Action Completed, Alert Closed	20/10/2023

2.7.3 During Q2 there was three new Device Safety Alerts (DSI).

Table 12: Device Safety Alerts Q2

Date Issued	Reference	Alert Title	Status	Deadline
03/08/2023	DSI/2023/007	EyeCee One and EyeCee One Crystal preloaded intraocular lenses (IOLs): update of previous quarantine advice after identification of likely cause	Device not used at the Trust – Action not Required.	N/A

22/08/2023	DSI/2023/008	Ethypharm Aurum pre-filled syringes are incompatible with some manufactured needle-free connectors: risk of delay in administering potentially lifesaving medication	Action Completed, Alert Closed	N/A
04/09/2023	DSI/2023/009	No-React® cardiovascular bioprosthesis implantables	Information Only - Staff Informed, Alert Closed	N/A

2.7.4 At the end of Q2, five safety alerts remain open.

Table 13: Open Safety Alerts at the end Q2

Date Issued	Reference	Alert Title	Status	Deadline
27/06/2023	NatPSA/2023/007/MHRA	Potential risk of underdosing with calcium gluconate in severe hyperkalaemia	Actions currently being completed by Pharmacy team.	01/12/2023
18/07/2023	NatPSA/2023/008/DHSC	Shortage of GLP-1 receptor agonists	Actions awaiting final overview from diabetes team. Once viewed all actions will be complete.	18/10/2023

31/08/2023	NatPSA/2023/010/MHRA	Medical beds, trolleys, bed rails, bed grab handles and lateral turning devices: risk of death from entrapment or falls	Alert currently with lead to complete actions.	01/03/2024
27/09/2023	NatPSA/2023/011/DHSC	Shortage of methylphenidate prolonged-release capsules and tablets, lisdexamfetamine capsules, and guanfacine prolonged-release tablets.	One action outstanding, awaiting feedback on action completion.	11/10/2023
29/01/2020	EFA/2020/001	Allergens Issues - Food Safety In The NHS	<p>Action plan sent to E&F leads on 11/05/2023, however only 2 actions from the alert are complete, 4 ongoing (to be monitored via audits) and 2 actions unassigned.</p> <p>Follow up email sent 03/07/2023, no response received.</p>	12/02/2021

2.7.5 Five safety alerts were closed in Q2.

2.8 Headlines from Patient Safety Group sub-groups

The following groups reported to the Patient Safety Group in August 2023 with key headlines from their reports highlighted below:

2.8.1 Blood Transfusion Group

- A national annual short report for 2022 has recently been published and key messages include:
 - Transfusion delays and Transfusion-associated circulatory overload (TACO) continue to be the leading causes of transfusion-related deaths in the UK.
 - ABO-incompatible red cell transfusions continue to occur and often result from failure to identify the patient at the time of blood sampling (wrong blood in tube) or administration to the wrong patient.
- The Trusts contract with Learnpro expired and there is now a new blood transfusion e-learning program developed by NHSBT available on Elev8.
- Free fetal DNA testing is now available and has been developed with a robust standard operating procedure (SOP).
- The laboratory has retained United Kingdom Accreditation Services (UKAS) accreditation after recent inspection. No major issues were flagged by the inspection team.
- The National Audit report of blood sampling and labelling has been published:
 - Most errors (Labelling error on tube or request forms) recorded are from Nurses and Midwives, most were being made in A&E department and Outpatients/Preop clinic.
 - Most request forms are not being signed compared to nationally. The Hospitals lab does not reject samples received with request forms not signed as long as all identifiers match on the sample and request form. This has been highlighted on the noticeboard and staff computer screensavers to remind staff that all request forms must be fully completed and signed before sending to the lab for processing.

2.8.2 VTE/Coagulation Group

- A new pharmacist has been appointed to replace the previous staff member. They are due to start in September. Due to being without a VTE prevention pharmacist for around 1-2 months there is no VTE risk assessment data to present.
- Aim to ensure sustainability of VTE pharmacy role by trying to make it full time – pursuing options with pre-op assessment.
- VTE lead to go on maternity leave. Some locum services have been secured to cover.

2.8.3 Point of Care Testing Group

- The COVID-19 Platform – Samba will continue the free service and maintenance, UKHSA funded Samba tests for this financial year. The Samba II platform will be replaced with Samba III mid 2024.
- The rapid response team has purchased 4 Abbott i-STAT Anality devices which tests for U/E/C. These devices have passed the accuracy study.
- NICU has purchased 2 bilimeters. The equipment accuracy study is under review.
- There is a supply disruption of the Hologic Fetal Fibronectin due to quality control issue with raw material. The estimated recovery by the company is end of June 2023.

Maternity has sufficient supply to last until end of this year. Alternative testing platform has been selected if the supply issue is not resolved.

- The provision of pathology services within the organisation will change as the laboratory is in tender process. The changes are in the planning stages and unclear exactly how this will affect the POC support for the organisation.
- An additional Radiometer Blood Gas Analyser was installed in AE Rapid Assessment in January 2023
- The percentage of staff trained in Victoria for blood ketone meter is below the required number to safely install the device. The training goal is 80% and this has been fed back to ward managers.

3 Clinical Audit and Effectiveness

3.1 Q2 2023/24 clinical audit and service evaluation project status.

Table 14: Progress for 2023/24 audits Q2

Project Category:	Complete	Completed - report outstanding / data submitted	On target	Not on Target	Not Participating	Not due to start	Total
Mandatory National Audits		6	47	1	1	7	62
National Audits		1	9			2	12
Local Audits	21	3	40	6		3	73
National Service Evaluations	1	2	3				6
Local Service Evaluations	8		16	1			25
Total	30	12	115	8	1	12	178

3.2 Mandated National Audit 2023: KEY NOTES

3.2.1 National Audit on Dementia; Care in general hospitals

The request for Round 6 deferral, as endorsed by the Clinical leadership team and CEG was ultimately rejected by the Quality Assurance Committee due, primarily to its' mandated status. It was acknowledged that the late publication of the National Round 5 report allows no time for local quality improvement initiatives, prior to the commencement of a new round of data collation. Data collection for Round 6 is therefore underway.

3.2.2 National Diabetes Inpatient Safety Audit (Harms)

The primary objective of this national audit is to record the details of any adult inpatient experiencing one of the following four avoidable diabetic complications:

- Hypoglycaemic Rescue
- Diabetic Keto Acidosis (DKA)
- Hyperglycaemic Hyperosmolar State (HHS)
- Diabetic foot ulcer

Since 1 April 2023, no Trust data has been recorded.

To ascertain whether no avoidable harms have occurred during this timeframe or whether there is an inherent problem with the data process, the Clinical Lead for Diabetes and Endocrinology, was contacted. The response is summarised below:

Current status:

- Obligation to participate acknowledged by the clinical team; recently addressed during a consultant meeting.
- Succession planning following previous lead retirement is in progress. As a result, consultants are working above plans to address the workforce gap , primarily in DCC which has been significantly impacted by industrial action.
- Currently, there are no consultants who feel able to lead on this national audit while the post remains unfilled, without activity being cancelled.
- Proposition that an incoming SpR (October 2023) would be able to lead on this with consultant support. Discussion with Education Supervisor required.

Action: Ongoing monitoring is required. Relevant corporate and clinical staff are aware. To re-visit in November, once incoming SpR is in post.

3.2.3. National Early Inflammatory Arthritis Audit (NEIAA) Outlier Notification

On 25 September 2023, the Trust received notification of 'Alarm level' outlier status confirmed for NICE quality standard 33 (2013 version, stating that patients referred with suspected persistent synovitis should be seen within three weeks of referral).

Action

The Trust has been asked to comment on data inaccuracies, but data are still felt to be inaccurate.

Senior operational and clinical leadership will be working with the Rheumatology team to address this issue. Ongoing monitoring is required, and updates will be included in future reports.

3.3 Q2 national audit report publications:

Table 15: National audit publications

Quarter	Published	Responses received to date	Comments
2	9	5	3 responses due by end October. 1 overdue and being followed up.

3.4 Q2 National Clinical Audit Report publication: Example with overall assurance rating and proposed actions:

FFAP: Hip fracture database

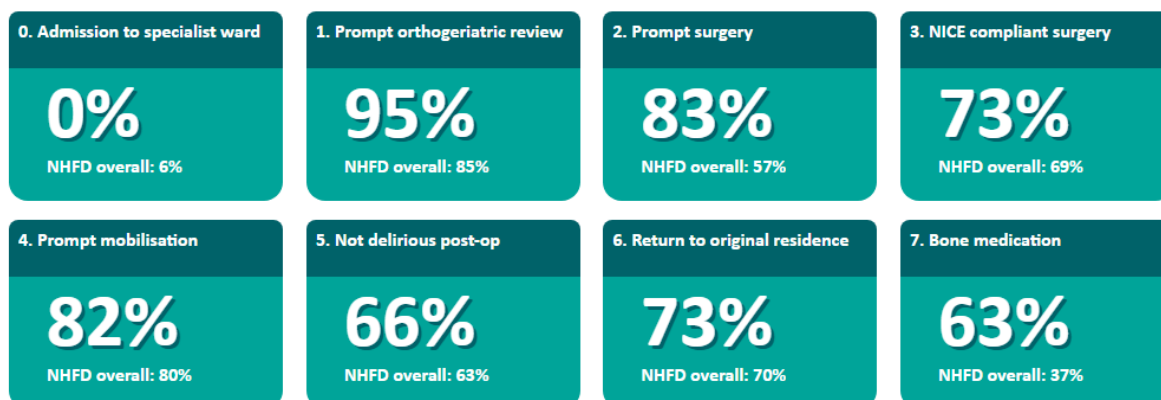
The overall assurance from this report is **Amber**.

The FFAP are no longer producing annual reports for the National Hip Fracture Database. Each hospital can download and review its data from the website. The Clinical Lead undertook WH data review in July 2023.

The results for Whittington Hospital are as follows:

KPI overview: WHT. Whittington Hospital

Annualised values based on 189 cases averaged over 12 months to the end of May 2023.



Actions to be taken:

- Ongoing training to improve high pressure ulcer rate.
- Ongoing training to ensure AMTS on admission.
- To work with Orthopaedic team(s) to ensure accurate classification and all doctor awareness of NICE guidelines in relation to surgery.
- Ongoing training with all disciplines involved (surgeons, juniors, anaesthetic team, nurses and therapy staff) to ensure we meet the best practice tariff standards where possible.

3.5 Q2 Local audit: Examples of good practice/ identified actions:

3.5.1 Audit on Optimal Cord Management

In August 2022, the Trust was notified of negative outlier status for the National Neonatal Audit Programme NNAP 2021 measures.

The outlier status referred to the audit standard for Deferred cord clamping, and for which the Trust was a number of standard deviations from the expected measure.

From January to July 2022, the deferred cord clamping standard improved from 3.8% to 33% and the Trust instituted additional measures to further improve compliance, to

include intensive training of obstetric and neonatal staff including a presentation at a perinatal meeting, and simulation exercises.

A local audit has been undertaken to ascertain progress.

Whilst the results did not meet the standard of 80%, there was a continuous improvement noted, as demonstrated below:

- 46% of babies <34 weeks gestation had DCC in period Jan – March 2023
- 59% of babies <34 weeks gestation had DCC in period Apr – Jun 2023

Actions to be taken:

- Continuous education programme to raise awareness especially with the new trainees.
- Concord resuscitation trolley acquisition.
- A pre-term checklist for Neonatologists.
- Establishment of pre-term champions.

3.5.2 Major haemorrhage protocol audit: The collection of emergency blood

- Criteria and Standards
 1. 100% Adherence with the protocol to collect and deliver 2 units upon the activation of a MH.
 2. 100% of RBC units are returned to the laboratory within 30min if not needed.
- Results of audit April-May 2023 returned results of 43% adherence to the protocol. Re-training of porters was carried out in June and July 2023 and the results in Table 14 indicates significant improvement.

Table 16: Results of Major haemorrhage protocol audit: The collection of emergency blood June/July 2023

Criterion	Result	
Adherence with the protocol to collect and deliver 2 units upon the activation of a MH	87.5%	Collection of 2 units happened on 7 occasions out of 8 MH calls
Adherence with the protocol to return RBC units within 30min if not needed	100%	Only one unit was returned on time

3.5.3 Q1 Local audit retrospective – update on Rapid Tranquillisation re-audit

The Q1 summary report included a local audit example: Rapid Tranquillisation in the Emergency Department. The re-audit date, subsequent to targeted interventions was scheduled for April 2024, however upon review it was felt that further assurance was required. This has now been rescheduled for January 2024.

3.6 National Confidential Enquiry into Patient Outcome and Death (NCEPOD):

The following seven NCEPOD studies are 'live':

1. **Transition from child to adult health services:** to explore the barriers and facilitators in the process of the transition of young people with complex chronic conditions from child to adult health services. **Report published. Disseminated with table of key recommendations. Response in progress.**

2. **Crohn's disease:** to review of remediable factors in the quality of care provided to patients aged 16 and over with a diagnosis of Crohn's disease who underwent a surgical procedure. This is the first NCEPOD study to proactively investigate the effect of COVID-19 on the service.

Case submission complete, the organisational and clinical questionnaire returned. Report published, appropriately disseminated, and awaiting response.

3. **Community acquired pneumonia:** to identify and explore avoidable and modifiable factors in the care of adults presenting to hospital with a presumed diagnosis of community acquired pneumonia.

Case submission complete. Report publication expected Winter 2023

4. **Testicular Torsion:** To review the complete pathway and quality of care provided to children and young people 2 – 24 years of age who present to hospital with testicular torsion.

Case submission complete. Organisational questionnaire completed and submitted. Local Trust guideline reviewed and updated.

5. **Endometriosis:** To review remediable factors in the quality of care provided to patients aged 18 and over with a diagnosis of endometriosis between the 1st of February 2018 - 31st July 2020.

Case submission completed. Organisational questionnaire completed in advance of deadline.

6. **Juvenile Idiopathic Arthritis:** To review the quality of care in children and young adults (0-24 years) with Juvenile Idiopathic Arthritis (JIA).

Patient spreadsheet population complete.

7. **End of Life Care:** To identify and explore areas for improvement in the end-of-life care of patients aged 18 and over with advanced illness, focusing on the last six months of life.

Patient spreadsheet population complete.

Further to the above 'live' studies, the following studies are in the design phase for launch later this year:

1. Rehabilitation following critical illness.

2. Blood sodium

Three further new studies have been chosen for next year:

1. Acute lower limb ischaemia
2. Acute illness in people with a learning disability*
3. Emergency surgery in children

Note: * The Trust has also registered for the NHS England Learning Disability Improvement Standards Benchmarking project for NHS Trusts - Year 6, and this should both align with, and inform our returns for the later NCEPOD study.

3.7 National data opt out:

Several programmes commissioned by HQIP have been made exempt from the national data opt-out following advice from the Confidentiality Advisory Group at the Health Research Authority.

Other programmes have received a policy deferral of up to 12 months. This is to allow for an application for an exemption.

3.8 Quality Improvement Programme, Q2

3.8.1 Quality Account (QA):

Progress has continued with the priorities, with key highlights including:

Transport:

DHL has confirmed that once completed, the Transport eligibility form is valid for a month, eliminating the need to complete a form for every appointment within that month.

A new Transport Service Group is being implemented, due to start in October, aiming to improve engagement with clinical users. Patient service users will continue to be directed to PALS for any concerns.

Nutrition:

An increase in the percentage of nutritional screening across the wards has been noted following awareness raising of Back to the Floor. The Nutrition Steering Group are continuing to monitor this change to determine whether this improvement will be sustained.

There will be a renewed focus on Nutrition on acute wards with newly recruited Band 6s being identified as Nutrition Champions.

Speech and Language Therapy (SLT) and dietetic documentation has been updated to include dietary preference, cultural and allergy considerations. This change will also be implemented into new nursing admission documentation to ensure this information is obtained on admission.

Pressure Care:

Nursing Admission Documentation is under review, with the aim of creating a central document that directs to assessments and care plans needed. As well as providing direction to users completing the document, it will also allow for more accurate data collection to measure the effectiveness of the document, which was previously free text.

Sickle Cell Disease:

Documentation has been updated to allow for analgesia timings to be accurately recorded, eliminating the previous data collection inaccuracies. The Sickle Cell improvement group continue to work on improving time to analgesia and training, however, have faced challenges in adding e-learning to Elev8 due to reduced staffing and capacity within Learning and Development (L&D). This has been escalated to the Head of Talent & Development with a request to prioritise this e-learning implementation given the link to the Quality Account and Trust Objectives regarding health inequalities. No response has been received to this request.

3.8.2 Quality Improvement Projects:

- A total of 12 new QI projects have been registered that highlight Clinical Effectiveness as a key priority.
- The QI Lead continues to be involved directly in QI initiatives and improvement groups, including Back to the Floor: themes aiming to link with Trust Objectives and Quality Account Priorities, Laryngectomy Care Project, Pressure Care Improvement Group, PSIRF (Patient Safety Incident Response Framework) implementation, Tendable working group.
- QI Training:
A total of 9 training sessions have been delivered to a range of audiences (totalling 105 staff members), including training in response to requests for bespoke sessions to CAMHS and Patient Experience.
- QI Celebration/Awards:
The QI Celebration afternoon took place on 24th October in the Whittington Education Centre . A total of 21 submissions were received, and 10 projects shortlisted for presentation.

3.9 Sub-Committee updates:

3.9.1 Clinical Guidelines, Q2

- COVID-19 Guidelines: remain quality assured and categorised as 'current', 'archived' and 'obsolete'. Guideline updates are dependent upon disease and case progression.

The emergence of a new variant and increase in case presentation at WH during Q2 may result in new and updated COVID-19 treatment guidelines. The Hub remains 'Live' and receptive to new requirements.

- National COVID Inquiry and WH COVID-19 Guideline Hub
Work is now complete to determine the level of forensic information we would be able to provide to the National Covid Inquiry, should this become necessary.
- Local clinical management guideline review timeframe extension agreed:
Due to the exceptional circumstances of the past 3 years and resultant clinical pressures, a two-year extension to clinical guideline review dates has been agreed. For note, this should not preclude proactive requests to update a guideline following new best practice evidence or local incident.

During Q2, the Head of Clinical Effectiveness and Senior IT colleagues led discussion to identify and enact the most efficient way to communicate the two-year extension.

A clear caveat has been introduced to both the 'parent' clinical guidelines page and to each of the individual speciality pages. Message inclusion in the Trust Noticeboard was arranged and clinical leads and individual authors have and continue to be updated about the extension.

- Clinical guideline speciality reviews complete, Q2:
During Q2, the following guidelines have been reviewed and agreed, to replace existing Intranet versions:
 - Stress Ulcer Prophylaxis in Critical Care Patients
 - Testicular torsion
 - When to call a consultant – Anaesthetics
- Priority for Q2: "Top 20 Most Accessed Clinical Guidelines"
Despite the extension to guideline review dates, the Head of Clinical Effectiveness initially sought to ensure our top 10 most accessed clinical guidelines are reviewed to ensure 'current' status.

During Q2, this objective has been increased to cover the top 20 most accessed guidelines. Cumulatively, these top twenty guidelines have been accessed 125,973 times. The initial quality check has demonstrated a pre-existing 80% compliance with review timeframes.
- Drug & Therapeutics Committee guideline ratifications, Q2:

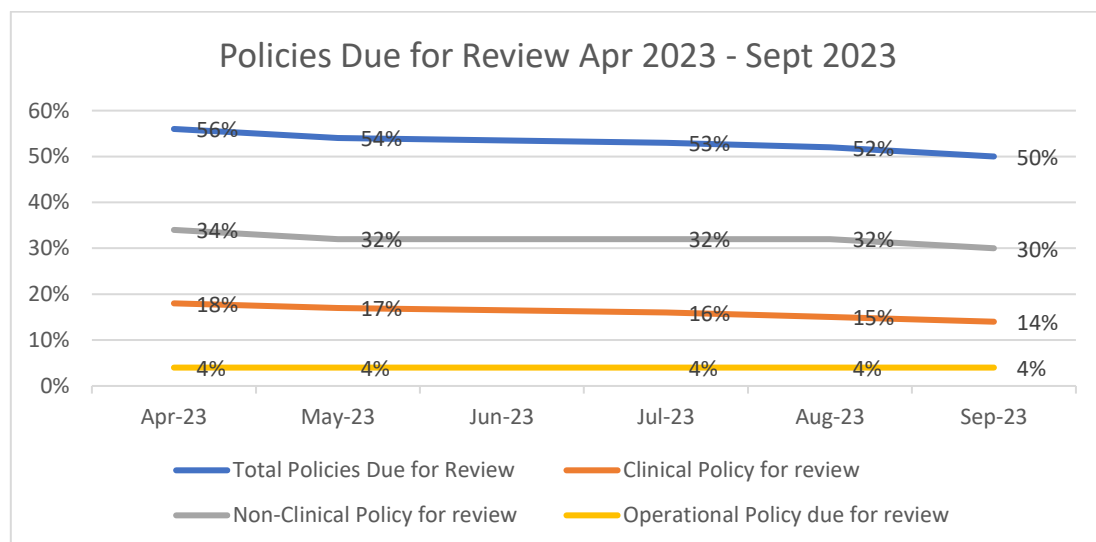
- Hyperkalaemia (update)
- Sedative premedication
- Rituximab- Supply and Administration for Adult Rheumatology Patients on the Rheumatology infusion day unit
- Clinical Guidelines Committee reviews, Q2:
 - MEDL Delirium
 - MEDL Acute Pulmonary Embolism
 - MEDL Hyperkalaemia

3.9.2 Policies, Q2

There are currently 271 online documents, 358 documents have been taken offline.

Of the 271 online documents the following chart and pivot table shows the number of policies due for review by category.

Fig 13: Policies due for review Q2



The percentage overdue has remained consistent, with some minor progress made during the last two months; the overdue documents have been consistently sent to ICSUs for review and updating.

Clinical policies have come down to 14% in September from 18% in April and non-clinical policies have reduced to 30% in September, from 34% in April. The majority of these overdue policies sit with Estates and Facilities. The recruitment of two substantive Band 7 roles into that area should see an improvement in this area over the next quarter. Overall, overdue documents have reduced to 50% in September, from 54% in April. These are moving in the right direction, however more work is needed to ensure all documents are up to date.

An additional temporary staff member in the Compliance Team is now assisting the Compliance and Quality Improvement Manager with formatting policy documents and sending reminders. The Deputy Chief Nurse and Associate Medical Director for Clinical Effectiveness will chair the Policy Approval Group from October 2023, in an effort to expediate ratification of the outstanding clinical policies.

3.10 NICE guidance, Q2

3.10.1 A total of 41 documents have been published during Q2 with 13 necessitating a formal response. This represents a notable decrease in quarterly publications.

A retrospective will be provided in the Q3 report.

Table 17. Full list of NICE publications, Q2:

Q2 2023/24	July	August	September	Total
NICE Guidance	3	5	5	13
COVID Guidance			1	1
Highly Specialised Technology Guidance	1		1	2
Diagnostic Guidance	1	1		2
Interventional Procedure Guidance	1	1	3	5
Medical technology guidance	1			1
Technology Appraisal Guidance	5	1	3	9
Health Technology Evaluation		1	4	5
Quality Standard	1		2	3
Evidence Summary				
MIB - Medtech innovation briefing				
Total	13	9	19	41

(Reporting status: NICE clinical guidelines are mandated for a formal response. HTAs mandatory for formulary addition if service applicable).

3.10.2 NICE action plan for Q2:

It is rare that a clinical response identifies significant actions to be taken forward. However, in the event that it does, these actions will require discussion at ICSU Board level. A new NICE action plan has been developed for completion and submission to the ICSU Clinical Director, Director of Operations and Associate Director of Nursing.

3.10.3 Receipt of outstanding response:

During Q2, a full clinical response to the: Suspected Cancer: recognition and referral NICE guidance was received and for which the Trust practice is entirely compatible.

3.10.4 Q1 2023-24 Retrospective:

During Q1 there were 10 NICE Clinical guidelines published for mandated response, of which 9 have been responded to (90%). The final outstanding response has mitigating factors due to clinical staff leave. This has not significantly exceeded review timeframe but has been chased.

3.11 Organ Donation

- 100% referral rate for both DBD and DCD.
- Grand Round on Organ donation undertaken.
- Form for diagnosing death by neurological criteria now available on CareFlow
- Link nurses for ODC appointed from both ICU and ED

4. Patient Experience

4.1 Friends and Family Test (FFT)

Overall

The Trust remained above the 80% benchmark in “very good or good” responses, scoring 89.99%. It remains an outlier against the NHS benchmark of 5% in “poor and very poor” responses, scoring an average of 6.2%, as shown below (Fig 15 & 16), however, the Trust is scoring a lower percentage in poor and very poor responses by 0.45% compared to Q1 (6.65%). The patient experience team will meet mid-quarter to review FFT data and offer guidance and support to services.

The number of Trust responses has seen a slight decrease on Q1, from 7,368 to 7,246 in Q2, a decrease of 122, the decline is particularly seen in the community, actions to improve this is discussed in point 4.1.5

Figure 14: FFT Overall Trust Results – Responses and Survey Completion

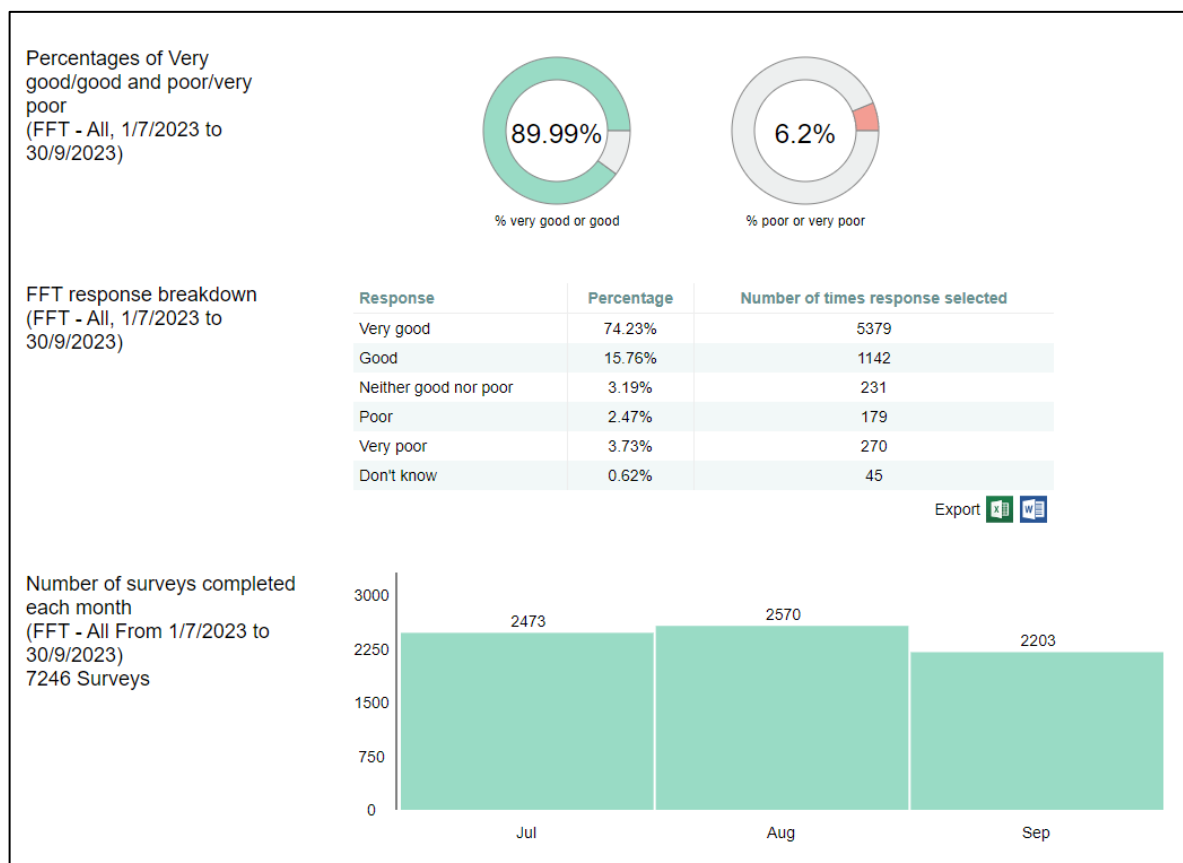
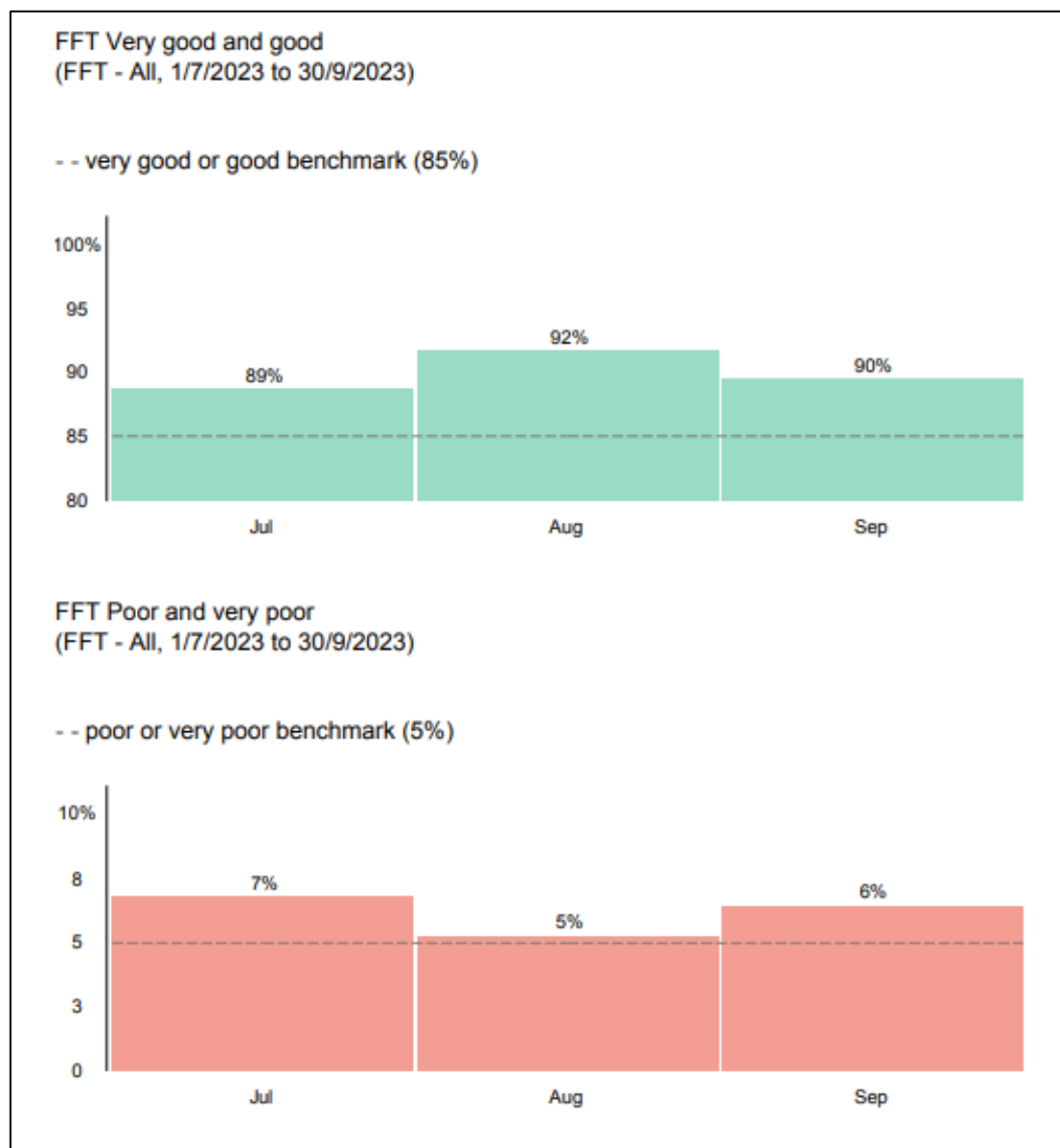


Figure 15: FFT Overall Trust Results – Comparison against benchmarks



4.1.2 Outpatients

Response rates for Outpatients in Q2 has seen a significant increase on Q1, with 358 more responses, as shown in (fig 21). The increase is due to focussed support from volunteers gathering responses via iPads. The patient experience team is in the process of obtaining 2 new iPads and expanding the process in other areas requiring support.

There were 21 “very poor” responses recorded, compared to 34 in Q1, 5 of which mentioned staff attitude, in line with complaints and PALs feedback. Other areas of poor feedback were long waiting times, letters being sent too late to arrive to patients,

information unclear on letters, and the lack of data privacy on the phlebotomy screens where patients are called into a room, which display patient names.

Actions:

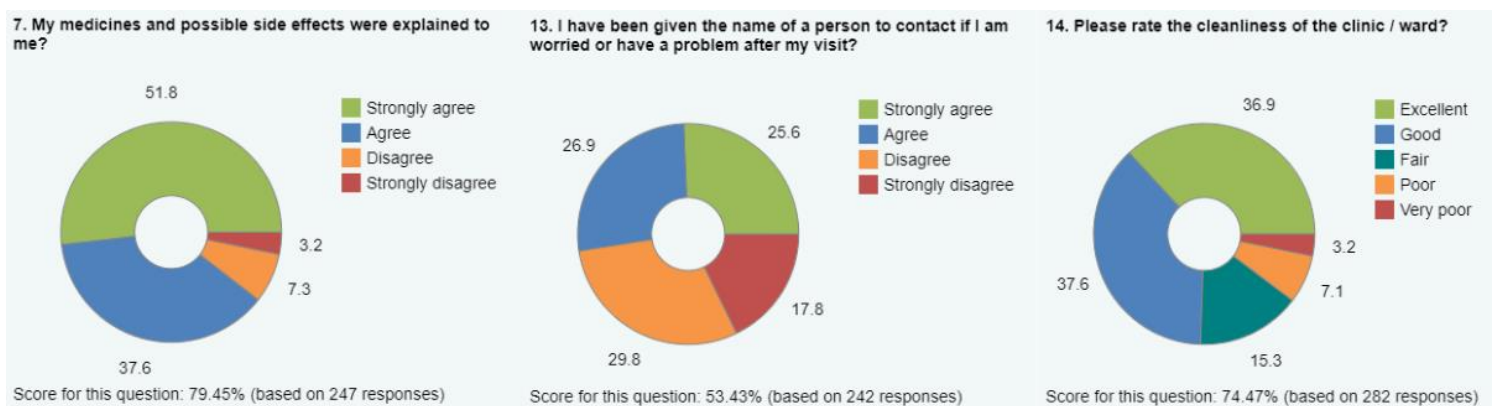
- In relation to poor staff attitude, PALs and complaints manager having routine meetings with service managers to address these issues and provide feedback on complaints themes and where appropriate inviting a patient to give feedback on their experience.
- Head of Patient Experience will meet with OPD operational lead to understand and address the issues with delayed appointment letters.

4.1.3 Emergency Department

Response rates within the Emergency Department have maintained at the same level from the previous quarter. The Trust is still experiencing a high percentage of poor and very poor responses (Fig. 23), at 13.86%, almost 10% above the NHS benchmark of 5%; however, the percentage of poor and very poor responses has dropped 1% from Q1 (14.71%). A large proportion of negative comments accompanied by the low scores were about prolonged waiting times, staff attitude, and cleanliness, as with our adult inpatient survey 2022 and UEC national survey. Work is taking place with the support of an action plan for the UEC survey.

The SMS survey link has been updated on September 12th, which now includes an additional 14 questions, which will allow for a better understanding of our patients' experience and areas of concern. Below are the questions which scored below 80% on the survey in September (Fig.1).

Fig16: Emergency Department Questions



4.1.4 Inpatient

Inpatient results remain stable in Q2 compared to Q1. Negative feedback related to cancelled or delayed procedures, and long waiting times in line with complaint and PALs related enquiries.

4.1.5 Community

Community response rates have seen a decrease of 503 from Q1 (2,819) to Q2 (2,316).

The Patient Experience team met with ADON for community and discussed options to improve FFT feedback. iPads are the preferred option to collect data followed by QR cards, these will be discussed with the teams. SMS is not considered a popular option.

Previous concerns within the community survey in Q1 were split between Wood Green Community Diagnostic Centre and Haringey Talking therapies.

Wood Green Community Diagnostic Centre: The percentage of "very poor" & "poor" responses for the phlebotomy service in Wood Green CDC is now 54.55% (out of 11 response), compared to 57.14% in Q1 (out of 7 responses). Currently patients are notified of long waiting times and are given a pager, which allows them to leave the centre, which is based in the shopping mall, until their appointment. The patient experience team will be working alongside CDC to help improve response rates and scores.

Haringey Talking therapies: The percentages of "very poor" and "poor" responses for talking therapies is 15% in Q2 (out of 180 responses). During Q3, the patient experience team will work with Haringey Talking Therapies to develop an action plan and monitor progress against poor responses and feedback related to patients not being treated with empathy.

4.1.6 Maternity

During Q2 maternity data experienced issues with response rates in July. This issue was rectified in August.

Maternity monthly responses have increased by 100% in Q2 compared to Q1. The patient experience team will look at further improving response rates in Q3 and a scoping the use of SMS.

The results for Q2 returned positive results at 97.57% for very good or good.

4.2 Patient Stories:

Patient stories continue to be a successful and emotive way of presenting the patients' experience to Trust Board and include both positive stories and areas where there is an opportunity for learning and improvement. As part of our commitment to reduce health inequalities, the Patient Experience team continues to actively recruit stories from a variety of groups including those with learning disabilities, mental health conditions, and carers.

On 21st July 2023, Trust Board heard the story of a patient who has been using Whittington Health services since 2014. Currently under the care of Endocrinology and Ophthalmology, the patient's sister and his carer, who walked us through his journey when engaging with our services and highlighted the importance of equal access to healthcare for patients with Autism and Learning Disabilities.

On 29th September 2023, the patient story was presented within the Annual General Meeting. The patient has been under the care of Cardiology and Urology since 2012 and has had various urological procedures done at the hospital, including endoscopic litholapaxy and bladder neck incision. The patient expressed gratitude for the high level of care he continuously received and feels that the staff went above and beyond in looking after him.

4.3 National Patient Surveys

NHS England produces and uses a range of different surveys as a valuable source of feedback directly from patients, service users and NHS staff about the care that they receive or provide.

Information from patient experience surveys is one way to understand what service users think about their recent care and treatment. Survey results can be used to check progress and improvement of care providers, and to hold them to account for the outcomes they achieve. The results are used by the CQC when planning to evaluate services and inspections.

4.3.1 Urgent & Emergency care 2022

This survey is undertaken every two years and looks at the experiences of people who attended Type 1 or Type 3 urgent & emergency care (UEC) services in September 2022. The 2022 survey involved 122 trusts with a Type 1 accident and emergency (A&E) department and was published nationally in July 2023.

UEC had 29 questions in which they scored “about the same” with other trusts, 3 better than expected” 4 “somewhat better than expected” and 1 “worse than expected,” with none being “much worse than expected”.

Top Five scores

Whittington Health’s Urgent & Emergency Care Survey results 2022 were top of the league table for the region nationally in both waiting and doctors and nurses.

UEC were also in the top five for care and treatment, tests and respect and dignity. Areas for improvement were leaving A&E, environment and facilities, doctors, and nurses.

Bottom five scores

Q42. Before you left the hospital, did a member of staff discuss your transport arrangements for leaving A&E?

Q43. Did hospital staff discuss with you whether you may need further health or social care services after leaving?

Q31. In your opinion, how clean was the A&E department?

Q18. Did doctors or nurses talk to each other about you as if you weren’t there?

Q44. After leaving A&E, was the care and support you expected available when you needed it?

Actions:

A task and finish group including EIM leads and the patient experience team, have reviewed the bottom areas for improvement, and actions required. An action plan is in place which will be worked through monthly. Oversight is via EIM Quality committee and the Patient Experience Group.

4.3.2 Cancer Patient Experience 2022

Annual survey conducted by NHS England, involving 133 NHS Trusts. Distributed in Autumn, results compiled by Summer. Aims to gather feedback and evaluate experiences of individuals diagnosed with cancer. The results were published in July 2023.

Questions Above Expected Range

	Case Mix Adjusted Scores			National Score
	2022 Score	Lower Expected Range	Upper Expected Range	
Q7. Patient felt the length of time waiting for diagnostic test results was about right	89%	69%	88%	78%
Q8. Diagnostic test results were explained in a way the patient could completely understand	90%	69%	88%	78%

Questions Below Expected Range

	Case Mix Adjusted Scores			National Score
	2022 Score	Lower Expected Range	Upper Expected Range	
Q9. Enough privacy was always given to the patient when receiving diagnostic test results	88%	89%	100%	95%
Q19. Patient found advice from main contact person was very or quite helpful	90%	91%	100%	95%
Q33. Patient was always involved in decisions about their care and treatment whilst in hospital	52%	53%	86%	70%
Q37. Patient was always treated with respect and dignity while in hospital	73%	76%	100%	88%
Q46. Patient was given information that they could access about support in dealing with immediate side effects from treatment	78%	78%	94%	86%

Actions taken following the survey and in response to FFT.

1. Volunteer has started conducting FFT with cancer patients weekly on the chemotherapy unit, providing an increase in FFTs, more rich data to analyse to listen to what our patients are saying.
2. Oncology and breast cancer now to carry out joint patient and staff surveys.
3. Clinic 4a quiet room available . Engaging with an interior design company to carry out improvement works to any patient comfort areas with the aim of creating a more therapeutic space that is dignified and comfortable.
4. Secret shopping CNS telephone and feeding back to CNS group at our staff meetings.
5. Recurrent funding of Acute Oncology Lead Nurse approved this role is essential to provide the link and coordination from our patients on the ward or in ED to the tumour specific team.
6. UGI pathway development for patients with a suspected UGI malignancy. The CNS is already developing this with acute medicine.

7. Discussions re cancer at 'back to the floor', to really emphasise across the wards needs of cancer patients and how to meet them.
8. Oncology clinical contact list has been circulated at Whittington with ward teams, ED, and clinics to help our colleagues across the trust contact the team.
9. Complimentary therapies approved by WH Charity; we are developing a patient feedback form to monitor the quality of this.
10. CNS posters in wards, clinics and ED with contact details

4.3.3 National Adult Inpatient Survey 2022

The Adult National Inpatient survey is held every year, fieldwork for the 2022 survey took place in November 2022. The findings were published nationally on 12 September 2023.

It is worth noting that this survey took place while there were significant challenges with nursing vacancies on the wards and large numbers of escalation beds that were opened and not substantively funded. A recruitment drive has resulted in filling most of these positions.

Highlights

- Medication on discharge
- Views sought on the quality of care.
- Self-administration of medication
- Information relating to condition.
- Communication from doctors

Areas for improvement

- Accessing food outside of mealtimes
- Noise at night
- Communication post procedure
- Cleanliness
- Inclusion in conversations with nursing staff

The patient experience team will support the action plan with matrons in Q3 and Q4 to address areas for improvement, including the introduction of sleep well packs to address noise at night. Monitoring of the associated action plans will be via the respective ICSU's with oversight from the Patient Experience Team and assurance through the Quality Governance committee.

Actions taken to date:

- Sleep well packs have been delivered to all wards with an accompany poster for patients asking "if they are disturbed at night by noise, they can request a sleep well pack".
- Ward patient information leaflets are being developed for each ward and is in draft format. The ward patient leaflet for each bedside/patient includes who to contact if you have a concern with named staff, obtaining food outside mealtimes, carers information, FFT, sleep well packs and dignity, including having sensitive conversations and modesty gowns. The contents will be approved at the task and finish group, which meets on the 10th November and consists of matrons, facilities, the patient experience team, AHP's and is chaired by the deputy chief nurse.
- Ward boards will be implemented for patients and visitors, which includes information on falls, IPC, staffing levels, complaints, compliments, FFT and you said we did. The patient experience team have created a draft ward board and are obtaining quotes from companies to produce these boards.

4.3.4 The National Survey Programme 2023 is as below; and will start work in November 2023 with the adult inpatient 2023. Dissent posters will be displayed in November on inpatient wards. Sampling will take place in December 2023 and January 2024, and the field work will happen between January and April 2024.

Table 17: National Surveys planning Dec 2023 – September 2024

National Survey	Stage	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Adult Inpatient	Sampling										
	Field Work										
Maternity	Sampling										
	Field Work										
Urgent & Emergency	Sampling										
	Field Work										
Children & Young People	Sampling										
	Field Work										

2023 surveys

2023 Maternity: fieldwork April – June 2023, publication November 2023 (TBC)

2023 Community mental health: fieldwork August – November 2023, publication March 2024 (TBC)

2023 Adult inpatients: fieldwork January – April 2024, publication August 2024 (TBC)

2024 surveys

2024 Children and young people: fieldwork July – October 2024, publication March 2025 (TBC)

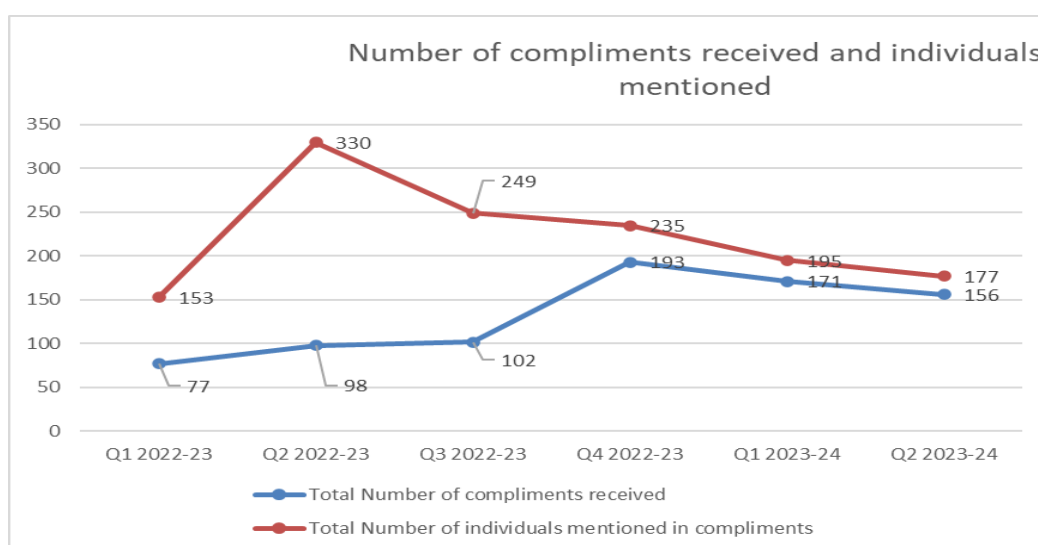
4.4 Compliments and Complaints

4.4.1 Compliments

In Q2 the Trust received 156 compliments sent to the Chief Executive and/or the PALS office (thanking 177 areas/individuals). It should also be noted that each ICSU receive a large number of compliments directly from patients and families, that are not captured in the numbers

The compliments in Q2 were received by S&C (37%), E&IM (22%), ACW (20%), ACS (11%), CYPS (4%), Estates & Facilities (4%) & Corporate (inc. PALS) (3%).

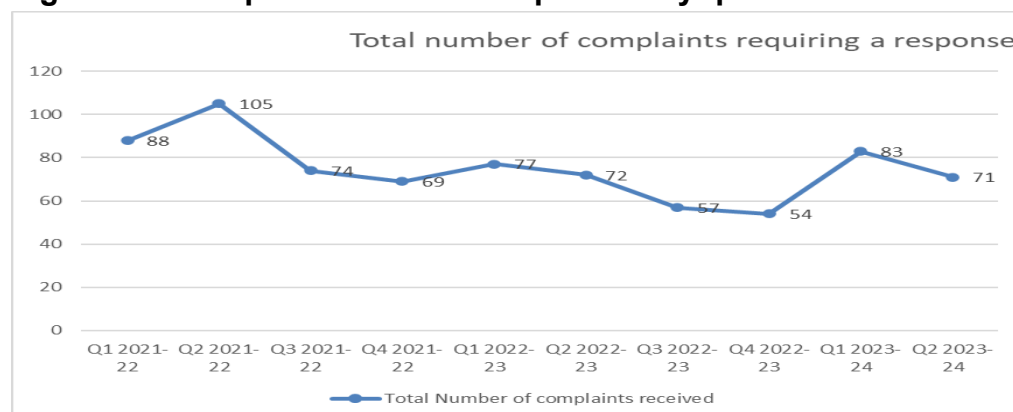
Figure 18 Compliments 2022-23



4.4.2 Complaints

During Q2 the Trust had 87 complaints, 16 of these were de-escalated leaving 71 complaints where a response was required in Q2.

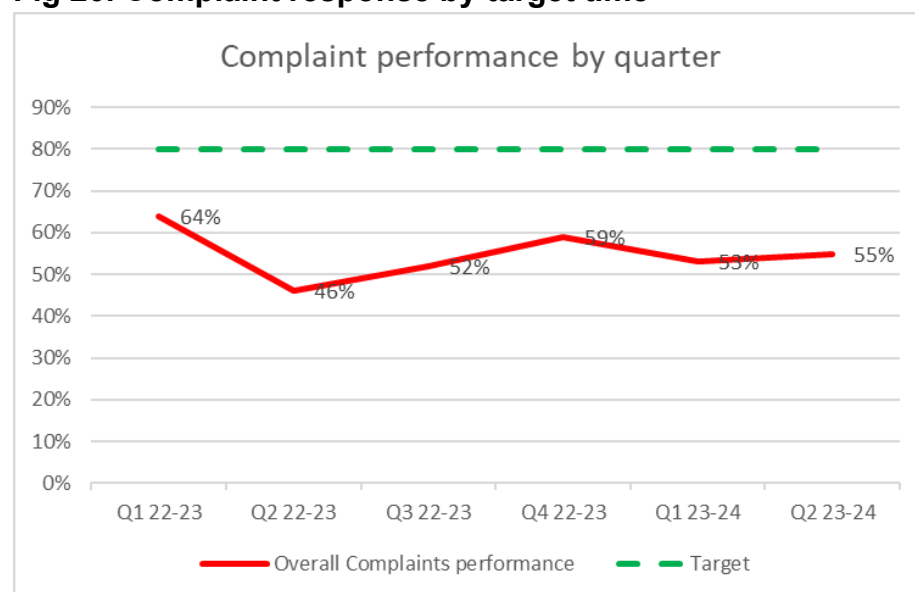
Figure 19: Complaint Volume Comparison by quarter



Complaint response timescales

Performance against the 80% target for response within 25 or 40 days (depending on complexity of the complaint) has continued to be adversely affected during Q2 and the performance figure for the quarter was 55%, a small improvement on Q1 (53%) (*fig 19*). This metric result continues to give concern and is reflected in a recent internal audit which reviewed the processes to manage and respond to complaints in a timely manner. An action plan to improve this metric, led by the Patient Experience team in association with the ICSU's, has been developed and will be monitored through the Patient Experience group.

Fig 20. Complaint response by target time

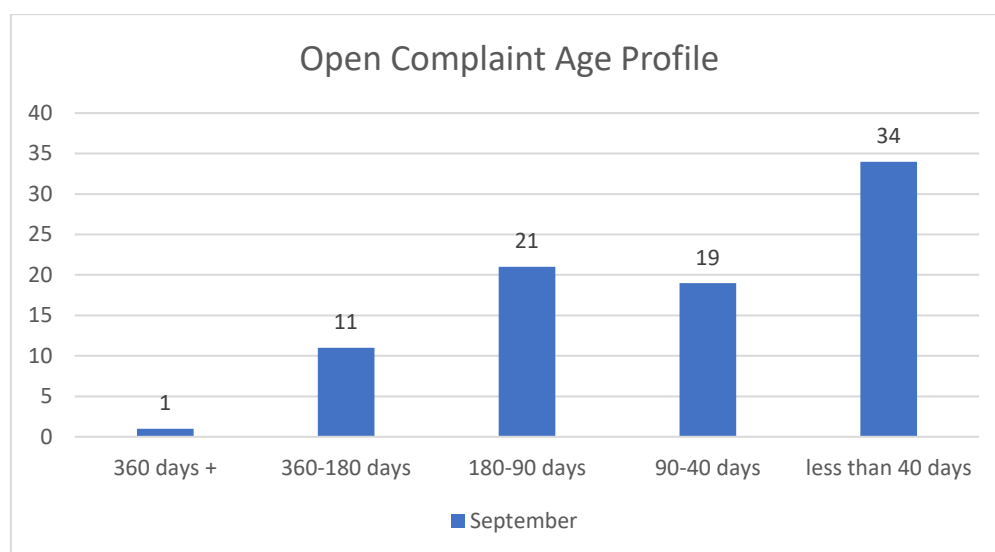


Of the complaints that closed during Q2, 28% of complaints were fully upheld, 46% were partially upheld and 26% were not upheld, meaning that 74% of complaints were upheld in one form or another. This is broadly in line with previous quarters where around 80% of complaints had been upheld in one form or another.

Complaint backlog

Figure 21 gives a summary of the age of the complaint investigation regarding open complaints awaiting a response.

Fig 21. Complaint response backlog age profile as of End September 2023



Complaint Themes

The three main themes identified from the complaints during Q2 were as follows:

- 23 complainants raised concerns about 'medical care' with the main theme that the treatment provided was 'inadequate'.
- 17 complainants raised concerns about 'communication', with the main themes being complainants concerned about 'clarity & confusion' & 'inadequate communication about treatment'.
- 13 complainants raised issues about 'attitude', with the main theme being about 'inconsiderate/uncaring/dismissive'.

Work will take place to address complaint themes and the complaints process in a QI project during Q3 & Q4.

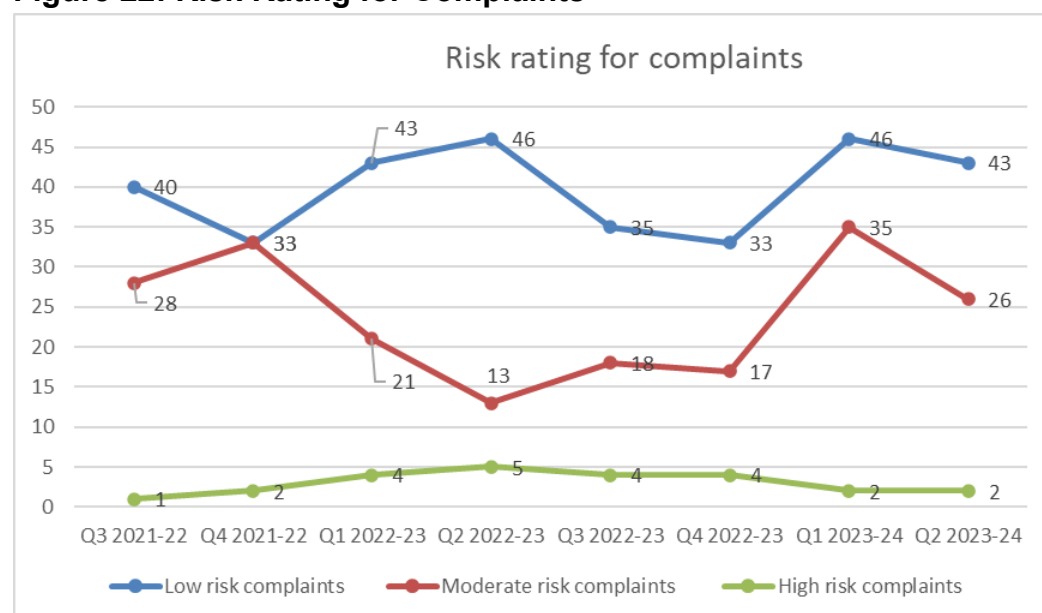
Acknowledgement performance

Of the complaints received during Q2, 98% were acknowledged within the required 3 working days, exceeding the Trust target of 90%

Risk-rating

Figure 21 shows the risk rating split for complaints in Q2, (as measured by the NHS Risk Management Matrix), the majority of which are considered low risk.

Figure 22: Risk Rating for Complaints



Dissatisfied Complaints

The number of 'dissatisfied' complaints where further comment, information or clarification was required following the complaint response, is broadly in line with previous quarters at 7%. All responses continue to undergo additional scrutiny before being sent to the complainants, although there will inevitably be a small number of complainants who will remain dissatisfied irrespective of the accuracy or thoroughness of a response.

Learning from Complaints

All complaints that are either upheld in any way, require actions taken to be outlined in the response to demonstrate any learning that has been identified by the investigating ICSU.

By way of example, we received a complaint from a patient who attended the Emergency Department with swelling in their left leg & thigh and was thought to have a musculoskeletal problem rather than a possible DVT, despite the patient's brother who was with them advocating on their behalf. It was only the brother's insistence that a doppler scan was undertaken, which showed an extensive DVT.

As a result of the complaint, ED initiated a comprehensive review of the protocols for diagnosing and managing venous thromboembolism (VTE) in the department as well as reiterating the importance of listening to patients and their advocates.

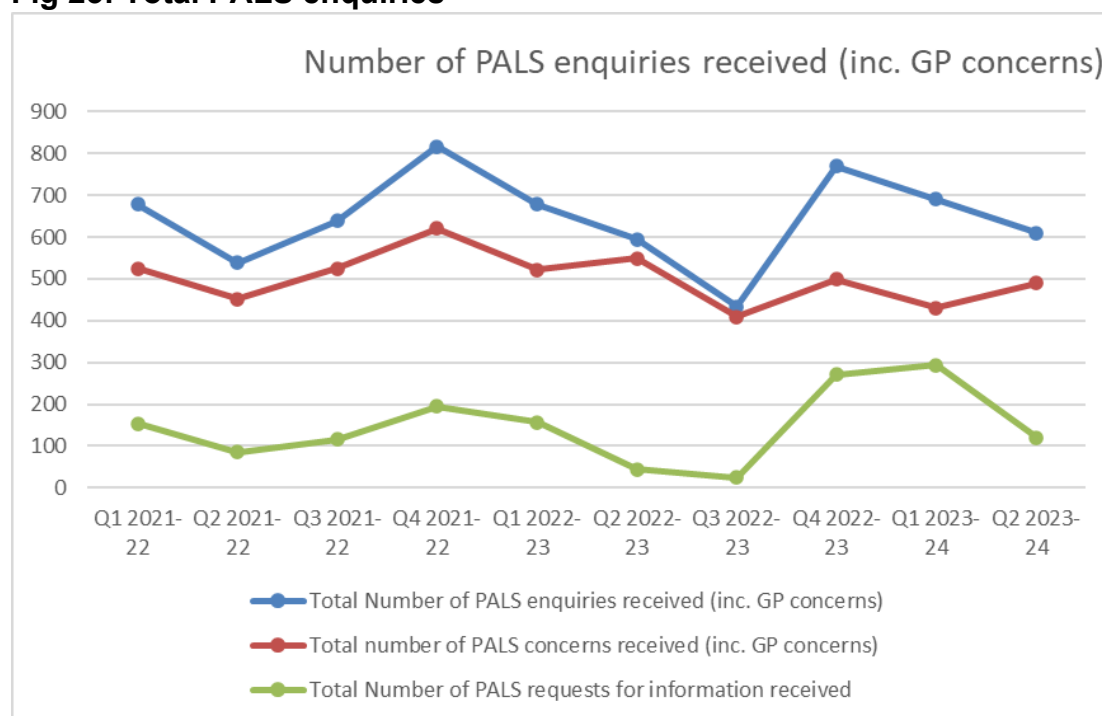
Parliamentary & Health Service Ombudsman

The Trust received seven requests for information during Q2 from the PHSO. Two of these have proceeded to a full investigation. We are awaiting further updates from the Ombudsman service on the other five cases as to whether these cases will proceed to a full Ombudsman investigation.

4.6 Patient Advice and Liaison Service (PALS)

During Q2 the Trust received 610 PALS contacts (including 20 concerns from GP practices). Of the contacts received, 490 (80%) related to concerns and 120 (20%) related to requests for help/information.

Fig 23: Total PALS enquiries



The demand on the PALS service remains high, particularly around patients not being able to contact outpatient clinics directly to make appointments or obtain information. All concerns or requests for information have been shared promptly with the relevant service and responses sent. As seen in previous quarters, the most common themes raised in the PALS (and GP) were concerns related to 'communication' 'delay' and 'appointments'. The PALS team will be providing sessions for outpatients' staff as a way to under their role and themes from patients. An update on how we will address the issues raised will be provided in Q3.

4.7 Volunteer Service

Recruitment

- During Q2 an additional 37 new volunteers were recruited, taking the total number of volunteers to 91. Currently volunteers are assigned to various roles: welcoming guides, collecting FFT responses, and admin within the PALS team which complements the work of staff. During the application process, volunteers

share skillsets and areas in which they would like to develop. This information is used to match them with suitable roles. Volunteers are encouraged to commit to a minimum of 6 months.

- Demographic data related to volunteering has commenced and will be presented from Q3 onwards.

Team Updates

During Q2 the volunteering team:

- Attended 2 community engagement and networking events with Voluntary Action Islington and Volunteer Centre Camden & Islington. The aim is to promote and encourage volunteering and patient involvement partners within the Trust.
- Held our first group induction since 2020 of which there were 11 participants. Volunteer induction provide new and prospective volunteers with need-to-know information and mandatory training to support their undertaking their role safely. These will continue monthly in the Whittington Education Centre for face-to-face inductions. Feedback forms are provided to attendees to monitor quality of service for both the team and volunteers. The team received compliments about the induction being clear, very welcoming, and inclusive.
- Updated and introduced the privacy policy for data collection for the volunteer application process.
- During Q3, the volunteering team will be introducing the Guide to Volunteering booklet, which will promote volunteering roles, how to apply, and ways our community can get involved.

4.8 Patient Information and Interpreting

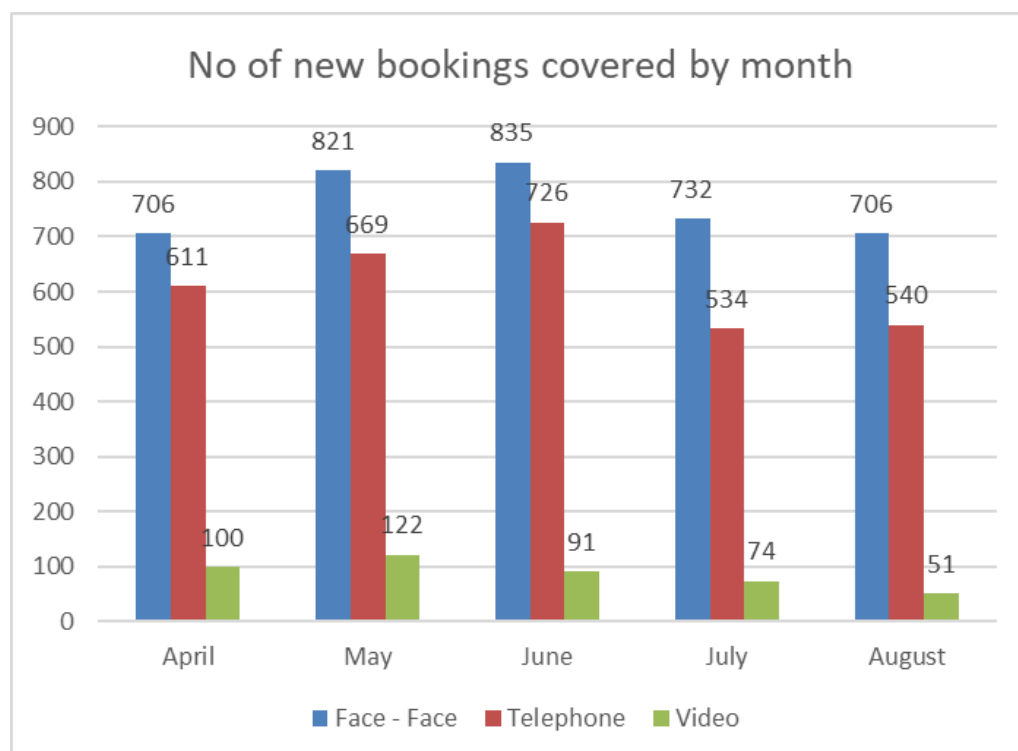
4.8.1 Interpreting services Overview

The number of interpreting referrals (Telephone Interpreting TI, Face to Face F2F and Video Interpreting VI) received inhouse during July and August was 4,551, a total of 2,637 were fulfilled, where we were able to provide an interpreter, either F2F, TI, VI or outsourced.

This includes (totals for July and August only):

- F2F 1,438
- TI 1,074
- VI 125

Fig 24: Interpreter bookings by type April – August 2023



Triumphs

- The tender for the interpreting service outsourcing provision across NCL trusts was awarded to DA Languages. For Whittington Health, implementation started in August and is being staggered. DA languages have provided cover for a small percentage of prebooked F2F and VI bookings. On demand TI will be rolled out in late September, with on demand VI to follow. The provision includes translations, British Sign Language and Braille.
- The new interpreting booking system for staff (via the online platform eLangServ) has been implemented Trust wide. The new booking system allows for staff across the organisation to book an interpreter directly onto an online portal, this should demonstrate a decrease in the administration tasks for the interpreting service team, allowing the team to focus on obtaining feedback and improvement projects. A management system for the interpreting team to administer referrals has been implemented. Both systems have been in operation since 31 July.
- The new system allows for clinicians to provide feedback on their encounter with the interpreter on punctuality, impartiality, communication, and the professionalism of the interpreter. At the time of writing this report, only 1 response had been received, giving 10 out of 10 to an interpreter in all aspects and praising her for being 'amazing in a very complex and very challenging home visit'.
- 1 compliment was also received by email, for an inhouse bank interpreter. The midwife praised the interpreter for her flexibility, availability and her team working skills.
- The service undertook 2 translations of medical records across the Trust, these were 2 for Child Protection in Dari and Pashto.

Challenges

- VI appointments continued to decrease this quarter, with a particular challenge from clinicians within the acute setting who only want F2F. Work will take place with DA Languages and as part of a Quality Improvement programme to support more video interpreting as this provides a better service to patients with a greater availability of languages and is a better use of resources which is more cost effective for the Trust.
- Face to face requests is seeing an increase, these are difficult to fulfil due to many of the in-house bank interpreters only offering services virtually and in line with a reduction in F2F interpreters across the country.
- During July and August, 12 complaints were received of which 9 (75%) related to the outsourced providers – 8 related to The Big Word (TBW) and 1 to DA Languages. The main issues were around the lack of availability of F2F interpreters, especially in hard to recruit languages or late cancellations from TBW and supports our work to move predominantly to video interpreting to ensure that patients have access to communication support.

4.8.2 Patient Information Leaflets

Overview

The Trust understands from national surveys, complaints and FFT that communication is an area of concern. Work to improve the process for patient information and leaflets commenced with the development of a Patient Information Group, which includes representation from the Trust Library, Communications, Healthwatch Haringey, Adult Learning Disabilities and the Patient Experience team. The groups remit will be to review all leaflets and develop a process to ensure that all patient information follows a clear set of guidelines, governed through an approval process. The Patient Information Standard Operating Procedure (SOP) is under review as part of the group. A progress update will be provided in the next Patient Experience Q3 report. As part of this work the group will review leaflets alongside information in accessible formats such as videos produced internally or externally.

Nine patient information leaflets were approved throughout July and August, compared to 35 in Q1.

These are broken down by service/speciality:

- 2 Maternity/Women's Health
- 1 Patient Advice and Liaison Service
- 1 Patient Advice and Liaison Service Easy Read version
- 2 Community Children's Nursing
- 2 Dental Services
- 1 Imaging

There were no requests for leaflet translation were received in Q2, compared to 19 in Q1.

4.9 Patient Experience Strategy 2022-25

The 2023-25 Patient Experience and Engagement Strategy focuses on identifying what the Trust will work to achieve over the next three years. It outlines the commitments to improve patient and carer experience and enhance opportunities for meaningful engagement. As an organisation we are committed to providing patients with the best possible experience of care by:

- 1) enabling our patients and carers to work with us
- 2) supporting and empowering our staff
- 3) working alongside our local partners

Ambition 1: FFT questions are accessible to as many patients and carers as possible to ensure the responses reflect the opinions of our diverse patient population.

Individual FFT survey QR codes have been trialled to provide a better opportunity for our patients to provide feedback and for staff to encourage patients from seldom heard groups to provide feedback. Dynamic QR codes, are being trialled in ED, the Chemotherapy unit, and Ambulatory Care which allows us to track how many times a QR code has been used, giving us a better understanding of response rates and how we can improve them. We will be extending dynamic QR codes to Imaging and DTC in Q3. However, a constraint with the QR codes is that they do not provide information on the demographics of those completing the survey.

The survey now includes 15 questions, which will allow understanding on experiences around cleanliness, privacy, and levels of trust towards staff and are in line with national survey questions. The Trust receives on average 700 ED feedback responses per month via SMS.

The patient experience team undertook staff engagement and the introduction of QR cards in Q2. A total of 30 QR cards were distributed amongst ED staff to collect feedback.

What this means for our patients: Patients are now offered the opportunity to provide feedback at the point of care. Asking patients about their whole experience allows us to understand areas for improvement and are in line with national surveys.

Ambition 2: To increase patient involvement and participation throughout the Trust at all levels. Patient Stories are now fully embedded into our Patient Experience Group, presented by the two reporting ICSU's for that quarter. Members of PEG share a patient story and discuss learning and successes.

What this means for our patients: Hearing the experience of our patients, from our patients is a good way to understand the impact of our services on patients, carers and their relatives and identifies areas for learning and celebrate successes.

Stream 3: Work alongside our local partners to improve patient experience. Through the Patient Information Group and collaboration with Healthwatch Haringey, ensuring our leaflets are written in plain English and in a way that meets the needs of our diverse community including easy read is a core remit for the group.

What this means for our patients: Healthwatch collects information and represents the views on health and social care in Haringey. They are committed to ensuring that services put local people at the heart of care. As such Healthwatch Haringey are members of the Trust's Patient Information and Leaflet Group, which looks at improving leaflets' accessibility, information for patients and provides additional advice and scrutiny from a patient perspective.

5. Quality Assurance

5.1 External Quality Reviews

There were no external reviews conducted in Q2.

5.2 CQC

5.2.1 CQC action plan

- 28 actions now closed, with ongoing monitoring via Tendable and ICSU Quality meetings and via walk rounds to ensure quality standards are maintained (see below for Tendable)
- 6 actions open, of which six are long-term projects related to, external transfer training, medical record completion, CYP waiting times are being monitored through the better never stops meeting and ICSU Quality meetings.
- Four actions for immediate action relate to the redecoration of the 136 suites in ED, ensuring consultant reviews take place on surgical wards, and consultant presence at board rounds, are being monitored through the better never stops meeting and ICSU Quality meetings.
- A review of the current actions is undertaken with each ICSU on a monthly basis; evidence of action completion is being collated regularly. The full CQC action plan is available in Appendix 1.
- The action relating to consultant reviews on surgical wards is a risk at present for Gynaecology. There is still a lack of consultant led reviews for Gynaecology patients on surgical wards. Reviews are currently SpR led which is not sufficient to close the action.
- CQC maternity action plan has 5 outstanding actions relating to audit of modified Early Obstetric Warning Score (MEOWS) due 31/03/24, 42 guidelines requiring updating a 'Guideline midwife position is awaiting job evaluation, , restructure of midwifery workforce plans due for implementation 31/01/24 and redesign of the bereavement room.
- All actions following MHA review have been closed.

5.2.2 CQC Readiness

- An external contractor has been brought in to assist with CQC preparedness. She will support with the peer review program and evidence gathering ahead of a potential CQC visit.
- The Better Never Stops meetings are being refreshed to focus efforts on preparing ahead of a CQC visit.
- Service deep dives will be conducted with the ICSU's, starting with areas in the Trust that are rated as 'requires improvement' before moving on to the 'good' and 'outstanding' rated areas. These will provide evidence for the ICSU's in the event of a CQC inspection and will target the areas that require the most support and focus to improve.

- An evidence base is being developed to ensure that any required evidence from previous inspections is kept centrally and is easy to locate should a CQC inspection occur.
- The CQC are developing a new regulatory model based on a single assessment framework, which they will implement later in 2023. Alongside this work the CQC are also developing a new provider portal, due to launch in 2023.

5.2.1 Better Never Stops Peer Reviews and Tendable implementation and usage.

- Hand hygiene and anti-microbial audits not achieving a score over 90% will need to redo their audits on a weekly basis until the recommended score is achieved. This is because these audits are achieved by observing staff conforming to the hand hygiene and anti-microbial protocols. Targeted support from the IPC and Pharmacy teams is offered to areas of low compliance.
- The other suite of audits (minus hand hygiene and anti-microbial) generates actions for improvement, these actions must be completed ahead of a re audit to increase the overall score.
- Timelines and next steps for Tendable
 1. CYP to be the pilot ICSU for Tendable relaunch – August 2023 (Completed)
 2. Acute Trust and Community to relaunch Tendable – October 2023

6.0 Recommendations

The Quality Assurance Committee is asked to note the three key quality messages from the Q1 Quality report:

- Ongoing challenges exist in responding to complaint responses within national timeframes with actions and number of outdated Trust policies requiring review and ratification with proposed actions in place to reduce back logs.
- Pressure ulcer incidents, relate to the new NRS contract, which continues to be monitored across NCL.
- The inpatient survey yielded disappointing results, with some areas for improvement already being actioned and others under review.



Meeting title	Quality Assurance Committee	Date: 8th November 2023
Report title	Quarterly Learning from Deaths (LfD) Report Q4, 1 April to 30 June 2023	Agenda item: 4.5
Executive director lead	Dr Clare Dollery, Executive Medical Director	
Report authors	Dr Sarah Gillis, Associate Medical Director LfD Ruby Carr, Project Lead for Learning from Deaths	
Executive summary	<p>During Quarter 1, 1st April to 30th June 2023, there were 108 adult inpatient deaths (excluding deaths in ED) reported at Whittington Health (WH) versus 129 in Q4 2022/23.</p> <p>12 adult structured judgement reviews (SJRs) were requested for Quarter 1 and 8 of these have been completed and presented at department mortality meetings.</p> <p>Key themes in learning from reviews were:</p> <ul style="list-style-type: none">a) The importance of using the microguide app to access antibiotic guidance and seeking advice from the microbiology team.b) Learning from end-of-life care and treatment escalation planning was that early opportunities to have sensitive conversations during admissions prior to actual end of life phase could be helpful and that near end-of-life anticipatory medicines should be actively considered to avoid any delays in relief of patients' symptoms and prioritisation of their comfort. This included evidence of excellent communication with mental health teams for a patient with serious mental health problems.c) Reviews of patients with learning disabilities highlighted the importance of multi-team advanced planning for complex patients.d) Second opinions are helpful to some families coming to terms with a relative at end of life alongside pastoral and palliative care support.e) Fast tracking palliative care requires 3 forms to be filled in. There is an 'in reach' nurse who can check these forms.f) An example where excellent MDT communication in hours regarding a patient being at end of life, was not carried through out of hours resulted in active treatment such as antibiotics, IV fluids and high flow nasal oxygen (HFNO) being started illustrates the importance of consistency of approach and referring to the existing treatment planning and TEP decisions. <p>The Summary Hospital-level Mortality Indicator (SHMI) for the data period October 2021 to September 2022 at Whittington Health is 0.90 which is as expected.</p>	
Purpose:	The paper summarises the key learning points and actions identified in the mortality reviews completed for Q1, 1 April to 30 June 2023.	

Recommendation(s)	<p>Members are invited to:</p> <ul style="list-style-type: none"> • Recognise the assurances highlighted for the robust process implemented to strengthen governance and improved care around inpatient deaths and performance in reviewing inpatient deaths which make a significant positive contribution to patient safety culture at the Trust. • Be aware of the areas where further action is being taken to improve compliance data and the sharing of learning.
Risk Register or Board Assurance Framework	Captured on the Trust Quality and Safety Risk Register
Report history	<p>Reviewed at Mortality review group 17/10/23</p> <p>QGC 26/10/23</p>
Appendices	<p>Appendix 1: NHS England Trust Mortality Dashboard</p> <p>Appendix 2 : Newsletter</p>

Quarterly Learning from Deaths Report Q4 2022/23

1. Introduction

- 1.1 This report summarises the key learning identified in the mortality reviews completed for Quarter 1 of 2023/24. This report describes:
- Performance against local and national expectations in reviewing the care of patients who have died whilst in this hospital. This report focuses on deaths of inpatients.
 - The learning taken from the themes that emerge from these reviews.
 - Actions being taken to both improve the Trust's care of patients and to improve the learning from deaths process.

2. Background

- 2.1 In line with the NHS Quality Board "National guidance on learning from deaths" (March 2017) the Trust introduced a systematised approach to reviewing the care of patients who have died in hospital.
- <https://www.england.nhs.uk/wp-content/uploads/2017/03/nqb-national-guidance-learning-from-deaths.pdf>
- 2.2 The Trust requires that all inpatient deaths be reviewed. The mortality review should be by a consultant not directly involved with the patient's care.

A Structured Judgement Review (SJR) should be undertaken by a trained reviewer who was not directly involved in the patient's care, if the case complies with one of the mandated criteria listed below:

- Deaths where families, carers or staff have raised concerns about the quality-of-care provision.
- All inpatient deaths of patients with learning disabilities (LD)
- All inpatient deaths of patients with severe mental illness
- Deaths recommended by the Medical Examiner service as needing further review.
- All deaths in a service where concerns have been raised either through audit, incident reporting processes or other mortality indicators.
- All deaths in areas where deaths would not be expected, for example deaths during elective surgical procedures.
- Deaths where learning will inform the provider's existing or planned improvement work, for example deaths where the patient had treatment relating to blood transfusion.
- All inpatient paediatric, neonatal and maternal deaths

3. Mortality Review Quarter 1, 2023/24

- 3.1 During Quarter 1, 2023/24 there were 108 adult inpatient deaths reported at Whittington Health versus 129 in Q4 of 2022/23.
- 3.2 During Quarter 1, 2023/24 there were 3 paediatric deaths reported at Whittington Health. 2 related to congenital abnormalities in under 1-year olds and one relates to sepsis in a teenager.
- 3.3 Table 1 shows the distribution of deaths by departments/teams.

Table 1: Death by Department/Team

Department/Team	Number of deaths
Acute Admissions Unit (Mary Seacole North and South)	22
Cavell	12
Cloudesley	13
Meyrick	16
Critical Care Unit/ITU	9
Nightingale	18
Coronary Care Unit	2
Thorogood	2
Victoria	13
Coyle	1
Mercers	0
Theatres Recovery	0
Child/neonatal	3
Maternal	0
Total:	108 Adults 3 paediatric

- 3.4 Table 2a shows the total number of mortality reviews and SJRs required and how many of these reviews are outstanding.

Table 2a: Total number of Mortality reviews and SJRs required.

	Number of reviews required	Completed Reviews	Outstanding reviews
Adult Mortality Reviews	108	20	88
Paediatric Mortality Reviews	3	0	0
SJR	12	8	4

Feedback from mortality leads is that the ongoing Industrial Action has contributed to delays in completing these reviews.

- 3.5 Table 2b provides a breakdown of SJRs required by department.

Table 2b: SJRs required for each department/ team

Department	Number of SJRs	Number outstanding
Acute Admissions Unit (Mary Seacole North and South)	3	0
Cavell	2	1
Cloudesley	0	0
Meyrick	0	0
Critical Care Unit	2	0
Nightingale	1	1
Coronary Care Unit	0	0
Victoria	1	1
Coyle	0	0
Mercers	0	0
ED	2	1
Thorogood	1	1
Total:	12	4

Table 3: Reasons for deaths being assigned as requiring an SJR during Quarter 1, 2023/24

Criteria for SJR	Number of SJRs identified	Completed SJRs	Comments
Staff raised concerns about care	0	-	
Family raised concerns about quality of care	0	-	
Death of a patient with Serious mental illness	0	-	
Death in surgical patients	1	0	This patient was also a coroner's referral – not included in coroners total below
Paediatric/maternal/neonatal/intra-uterine deaths	-	-	
Deaths referred to Coroner's office without proposed cause of death	3	3	
Deaths related to specific patient safety or QI work e.g. sepsis and falls	4	0	
Death of a patient with a Learning disability	4	4	
Medical Examiner concern	0	-	
Serious Incident investigations	0	-	
Unexpected Death	0	-	
Concerns raised through audit, incident reporting or other mortality indicators	0	-	
Definite COVID-19 Health Care Acquired Infection (HCAI)	1	1	
Probable COVID-19 HCAI	0	-	
Intermediate COVID-19 HCAI	0	-	
Total including Neonatal Deaths	13	8	

3.6 Deaths requiring a structured judgement mortality review form (or equivalent tool) are reviewed by a second independent Clinician, not directly involved with the case. The case is then discussed in the department mortality meeting. Each SJR is fully reviewed to ensure all possible learning has been captured and shared.

3.7 The aim of this review process is to:

- Engage with patients' families and carers and recognise their insights as a source of learning, improve their opportunities for raising concerns.
- Embed a culture of learning from mortality reviews in the Trust.
- Identify and learn from episodes relating to problems in care.
- Identify and learn from notable practice.
- Understand and improve the quality of End-of-Life Care (EoLC), with a particular focus on whether patient's and carer's wishes were identified and met.
- Enable informed and transparent reporting to the Public Trust Board with a clear methodology.
- Identify potentially avoidable deaths and ensure these are fully investigated through the Serious Incident (SI) process and are clearly and transparently recorded and reported.

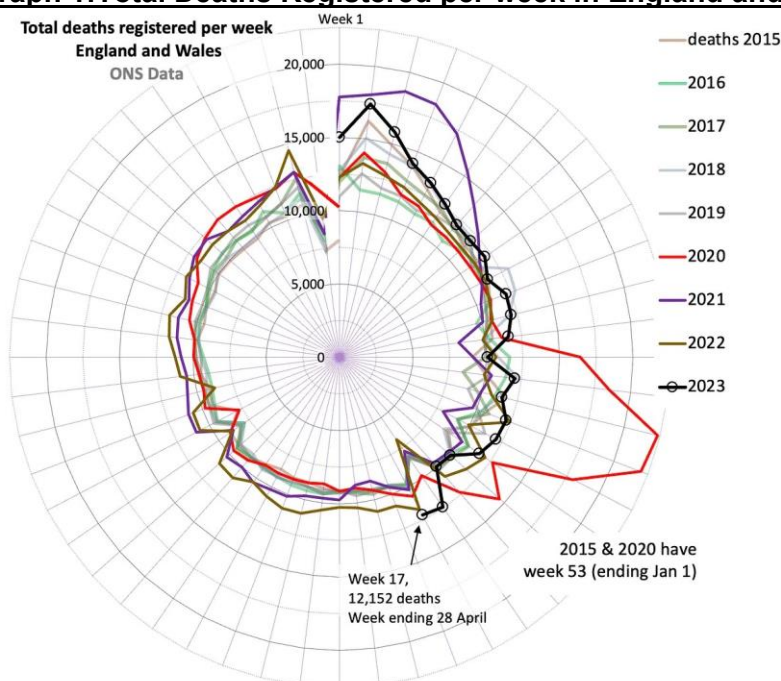
3.8 Plan for recovery of SJRs:

- Discussion at Mortality Review Group
- Review of LFD report at MRG prior to submission to Quality Governance committee
- Grand round on 18/10/2023 to present information from LfDs. Plan to do produce newsletter re outcomes of SJRs
- Discussion with teams who have given feedback that SJRs are taking a whole day to complete. Clearly SJRs need to be thorough, but this must be balanced with the amount of time that can be allocated.

4. Mortality Dashboard

- 4.1 There were 108 inpatient adult deaths recorded in Quarter 1, 2023/24 at Whittington Health.
- 4.2 The National Guidance on Learning from Deaths gives a suggested dashboard which provides a format for data publication by Trusts. Whittington Health has chosen to adopt this dashboard locally. The dashboard is provided in Appendix 1 – NHS England Trust Mortality dashboard. This dashboard shows data from 1 April 2017 onwards.
- 4.3 In the week ending 16 June 2023 (Week 24), 10,700 deaths were registered in England and Wales; 156 of these deaths mentioned novel coronavirus (COVID-19), accounting for 1.5% of all deaths. This was a decrease in all deaths compared with the week ending 9 June 2023 (Week 23), when the number of all-cause deaths registered was 10,940; COVID-19 accounted for 211 of these deaths (1.9%). Of the 156 deaths involving COVID-19 in Week 24, 68.6% (107 deaths) had this recorded as the underlying cause of death, which was a higher proportion when compared with Week 23 (64.5%).

Graph 1: Total Deaths Registered per week in England and Wales

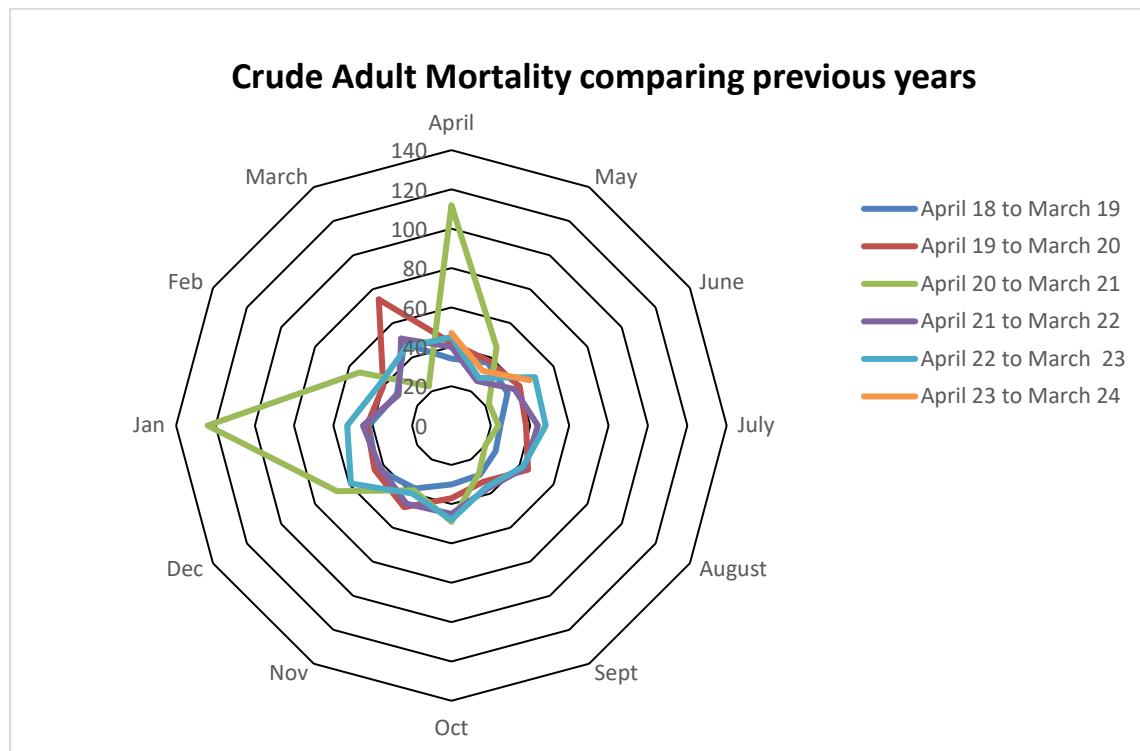


- 4.7 The radial graph below compares all causes of deaths (including ED deaths) in the Whittington hospital in 2018-19, 2019-20, 2020-21, 2021-22 with the year considered in this report 2022-23.

4.8 The number of inpatient and ED deaths in Q1 2023/24 was 125

4.9 There were 4 learning disability deaths during Quarter 1.

Graph 2: Crude Adult Mortality at Whittington Health comparing previous years (April-December 2022)



4.10 Table 4 reports the number of inpatient and ED deaths each month.

Table 4: Number of inpatient and ED deaths each month over the past 5 years

Month	April 18 to March 19	April 19 to March 20	April 20 to March 21	April 21 to March 22	April 22 to March 2023	April 23 to March 2024
April	34	42	112	40	45	47
May	37	38	46	26	28	32
June	33	40	22	37	49	46
July	25	38	24	44	48	
August	26	45	20	43	42	
Sept	29	33	28	37	36	
Oct	30	37	49	45	48	
Nov	37	48	38	46	40	
Dec	44	45	67	42	59	
Jan	42	43	124	45	53	
Feb	32	40	54	31	42	
March	48	74	23	51	46	

5. Summary Hospital-level Mortality Indicator (SHMI)

- 5.1 The Summary Hospital-level Mortality Indicator (SHMI) for the data period October 2021 to September 2022 at Whittington Health is 0.90 which is as expected.

6. Themes and learning from mortality reviews Quarter 1 of 2023/2024

- 6.1 As a point of good practice there were multiple teams involved in treatment escalation plan (TEP) and do not attempt cardiopulmonary resuscitation (DNACPR) discussions of a young adult with learning difficulties and complex medical problems who arrived in the ED in multiple organ failure.
- 6.2 Another case review showed evidence of excellent care including TEP and DNACPR discussions in a final admission to hospital. Acute care was excellent, but the reviewer highlighted possible missed opportunities in previous admissions to address care planning.
- 6.3 Good early discussions re TEP and DNACPR involving acute medical team. Additionally, they sought early input from respiratory and critical care around these decisions.
- 6.4 Another case showed there was recognition that patient was nearing EoL. Concerns were raised that despite this poor prognosis that the patient was felt not to require anticipatory medications which may be an opportunity to recognise for future patients.
- 6.5 One SJR highlighted the complexity of managing frail comorbid patients with rib fractures. Careful titration of analgesics is necessary and early involvement of acute pain, anaesthetic and critical care teams. There was good recognition of difficulties in achieving good pain control and a move to concentrating on end-of-life care (EoLC).
- 6.6 A patient with LD had an out of hospital cardiac arrest. The patient was referred early and appropriately to the Specialist Nurse for organ donation. However, sadly as there was no next of kin they were unable to proceed to organ donation. Documentation of death was filled in correctly but on paper and it was highlighted that there is now an electronic version of death by neurological criteria which should be used. There was good communication with the patient's carers including them observing brain stem testing. Unfortunately, the chaplaincy service was not available when requested.
- 6.7 In one case a patient developed aspiration pneumonia. The patient was actively treated with IV antibiotics and fluids. There were multiple reviews which were well documented in the notes as the family found accepting death was imminent was difficult. A second opinion was offered and initially refused. Palliative care and spiritual support were requested.
- 6.8 MRG reviewed the Q4 2022/23 report and highlighted the importance of antibiotic prescribing including using microguide and consultation with the microbiology team.
- 6.9 Fast tracking discharge for palliative care patients requires 3 forms to be filled in. There is an 'in reach' nurse who can check these forms.
- 6.10 Despite excellent MDT communication in hours regarding a patient being at end of life, out of hours active treatment such as antibiotics, IV fluids and high flow nasal oxygen (HFNO) were started on one patient.

7. Dissemination of Learning

- 7.1 This report is considered at the Mortality Review Group attended by the mortality leads from each specialty which allows them to disseminate onwards lessons.

- 7.2 Lessons from mortality reviews are included in the Trust-wide newsletter Safety Matters and specific cases have been the subject of patient safety forum presentations. A new brief newsletter is being trialled.
- 7.3 Teams hold mortality review meetings to discuss local cases and share wider learning between teams and jointly review cases.
- 7.4 Grand round on 18/10/2023
- 7.5 Newsletter (proposed 1st newsletter attached)

8. Mortality Review Group

- 8.1 A Mortality Review Group meeting took place on 16th October 2023. The meeting reviewed the learning from death reports, and the MMBRACE report. The meeting was attended by some of the newer mortality leads.

9. Conclusion and recommendations

- 9.1 The Quality Governance Committee is asked to recognise the significant work from frontline teams and to recognise the learning from mortality reviews. Discussion with the specialty mortality leads has highlighted the difficulties in completing SJRs with the ongoing industrial action

Appendix 1



Whittington Health: Learning from Deaths Dashboard - June 2023-24



Description:

The suggested dashboard is a tool to aid the systematic recording of deaths and learning from care provided by NHS Trusts. Trusts are encouraged to use this to record relevant incidents of mortality, number of deaths reviewed and cases from which lessons can be learnt to improve care.

Summary of total number of deaths and total number of cases reviewed under the Structured Judgement Review Methodology

Total Number of Deaths, Deaths Reviewed and Deaths Deemed Avoidable (does not include patients with identified learning disabilities)

Total Number of Deaths in Scope		Total Deaths Reviewed		Total Number of deaths considered to have been potentially avoidable (RCP<=3)	
This Month	Last Month	This Month	Last Month	This Month	Last Month
44	32	0	0	0	0
This Quarter (QT)	Last Quarter	This Quarter (QT)	Last Quarter	This Quarter (QTC)	Last Quarter
121	127	3	7	0	0
This Year (YTD)	Last Year	This Year (YTD)	Last Year	This Year (YTD)	Last Year
121	504	3	71	0	1

Time Series: Start date 2017-18 Q1 End date 2023-24 Q1



Total Deaths Reviewed by RCP Methodology Score

Score 1 Definitely avoidable	Score 2 Strong evidence of avoidability	Score 3 Probably avoidable (more than 50:50)	Score 4 Probably avoidable but not very likely	Score 5 Slight evidence of avoidability	Score 6 Definitely not avoidable
This Month 0 -	This Month 0 -	This Month 0 -	This Month 0 -	This Month 0 -	This Month 0 -
This Quarter (QT) 0 -	This Quarter (QT) 0 -	This Quarter (QT) 0 -	This Quarter (QT) 0 -	This Quarter (QT) 0 -	This Quarter (QT) 0 -
This Year (YTD) 0 -	This Year (YTD) 0 -	This Year (YTD) 0 -	This Year (YTD) 0 -	This Year (YTD) 0 -	This Year (YTD) 0 -

Summary of total number of learning disability deaths and total number reviewed under the LeDeR methodology

Total Number of Deaths, Deaths Reviewed and Deaths Deemed Avoidable for patients with identified learning disabilities

Total Number of Deaths in scope		Total Deaths Reviewed Through the LeDeR Methodology (or equivalent)		Total Number of deaths considered to have been potentially avoidable	
This Month	Last Month	This Month	Last Month	This Month	Last Month
2	0	0	0	0	0
This Quarter (QTD)	Last Quarter	This Quarter (QT)	Last Quarter	This Quarter (QTC)	Last Quarter
4	2	2	0	0	0
This Year (YTD)	Last Year	This Year (YTD)	Last Year	This Year (YTD)	Last Year
4	2	2	0	0	0



Learning from death newsletter

Learning from end-of-life care and treatment escalation planning was that early opportunities to have sensitive conversations during admissions prior to actual end of life phase could be helpful and that near end-of-life anticipatory medicines should be actively considered to avoid any delays in relief of patients' symptoms and prioritisation of their comfort. This included evidence of excellent communication with mental health teams for a patient with serious mental health problems.

Reviews of patients with learning disabilities highlighted the importance of multi-team advanced planning for complex patients.

Second opinions are helpful to some families coming to terms with a relative at end of life alongside pastoral and palliative care support.

Fast tracking palliative care requires 3 forms to be filled in. There is an 'in reach' nurse who can check these forms.

An example where excellent MDT communication in hours regarding a patient being at end of life, was not carried through out of hours resulting in active treatment being started, illustrates the importance of consistency of approach and referring to the existing treatment planning and TEP decisions.

Use the microguide app to access antibiotic guidance and seek advice from the microbiology team.



Meeting title	Trust Board - public meeting	Date: 29 November 2023
Report title	Workforce Assurance Committee Chair's report	Agenda item: 7
Committee Chair	Rob Vincent, Non-Executive Director	
Executive director lead	Norma French, Director of Workforce	
Report authors	Marcia Marrast-Lewis, Assistant Trust Secretary, and Swarnjit Singh, Joint Director of Inclusion and Trust Company Secretary	
Executive summary	<p>Trust Board members are presented with the Workforce Assurance Committee Chair's report for the meeting held on 25 October 2023.</p> <p>Areas of assurance:</p> <ul style="list-style-type: none">• Quarter 2 corporate workforce information report• Public Sector Equality Duty Report• Draft People Strategy 2023/24• Report from the Guardian of Safe Working• GMC National Training Survey Results 2023• Staff Survey 2022 Results, Listening Events and Timeline for 2023 Survey• Restorative Just Culture• Inclusion Strategy• Medical appraisal and Revalidation Annual Board Report 2022/23 <p>The Committee also received:</p> <ul style="list-style-type: none">• Board Assurance Framework	
Purpose	Approve	
Recommendation(s)	<p>Board members are:</p> <ul style="list-style-type: none">• invited to note the Committee Chair's report, particularly areas of significant assurance.• approve the Public Sector Equality Duty report 2022/23 for publication on the Trust website.	
BAF	People 1 and 2 entries	
Appendices	<ol style="list-style-type: none">1. Q1 Guardian of Safe Working Hours report2. 2022/23 Public Sector Equality Duty report	

Committee Chair's assurance report

Committee name	Workforce Assurance Committee
Date of meeting	25 October 2023
Summary of assurance:	
1.	<p>The Committee is reporting significant assurance to the Board on the following matters:</p> <p>Workforce Director's report</p> <p>The Committee considered the report which highlighted key events and developments over the last quarter and since the previous WEC meeting in July:</p> <ul style="list-style-type: none"> • Ongoing industrial action; since the last report to the Committee a number of strikes took place between 19- 23 September and 2–5 October. Christmas day cover was implemented at the hospital and elective surgeries and most outpatient clinics were cancelled. Announcements of further doctor strike action had been paused until 3 November, discussions between the BMA and the Government are ongoing. • The staff vaccination campaign 2023/24 was launched on 25 September 2023. A number of clinics had been implemented at the Trust for staff to attend at their convenience and roving clinics in and out of core working hours were planned for staff in community services. • The Trust had signed up to Staff Sexual Safety Charter which had been launched by NHS England. It was designed to protect staff and provide support for those that suffered sexual abuse, harassment or in appropriate behaviour. The Charter consisted of 10 pledges which every Trust was expected to embed by September 2024. A new Head of Staff Engagement and Wellbeing had joined the Trust who would monitor progress. • Temporary agency expenditure agency target was not achieved, year to date expenditure was overspent by £82k. However, when benchmarked against providers across North Central London (NCL) the Trust was closest to the target at month five. Discretionary spend meetings would take place to monitor spending and provide support, it was hoped that expenditure would reduce significantly when the transfer of pathology services to Health Service Laboratories was completed. • The Locums Nest application was successfully launched, across a collaboration of 10 provider Trusts and would enable locum doctors to work across all hospitals, thereby increasing bank fill rates and reducing agency spend. <p>The Committee welcomed the sensitive approach taken in response to the conflict in Israel and Gaza. All staff had received an invitation to attend a reflective session where staff could voice their concerns, feelings and thoughts about the conflicts. The Session offered support to those who were affected and provided a safe space for staff to come together. The event was well attended and received some very emotional and heartfelt testimonials. Executive colleagues had planned to discuss outputs from the session with communications and the Trust's Head of Staff Engagement and</p>

	<p>Wellbeing in the coming days to agree plans for further actions to support staff.</p> <p>Public Sector Equality Duty Report</p> <p>The Committee received the report on the outcome of a review of the Trust's equality and diversity data and activities to improve equality and inclusion under their public sector equality duty in line with the Equality Act 2010. The report highlighted the achievement of a number of key outcomes:</p> <ul style="list-style-type: none"> • Disability Confident level three accreditation from NHS England evidence by the continued increase in the numbers of internships provided to local people with autism, in partnership with Ambitious about Autism • In partnership with the WhitAbility network, the Trust had implemented Reasonable Adjustment guidelines to increase awareness and take up of the support for staff at work. • The production of a handbook for international medical graduates who joined Whittington Health to help them settle into their new roles and adapt to life in the local area. • The work of the Continuing for those who care campaign which included the adoption of a policy for Managing violence and aggression against staff and the work developed by the Just Culture initiative to improve organisational culture and behaviours. • Improved support provided to our four staff equality networks for their annual activities which included celebrating history months for disability, race and sexual orientation. • The achievements of the See Me First initiative. • The first race pay gap set of data has been published. <p>The Committee were assured that efforts would continue to capture data through a number of different sources and staff would be regularly reminded to update their electronic staff records accordingly.</p> <p>Quarter Two Workforce Information Report</p> <p>The Committee considered the report which highlighted:</p> <ul style="list-style-type: none"> • Trust headcount has increased by 168 with FTE increasing by 156, 32 in Q2. • Q2 Cumulative sickness absence rate remained static with 3.7% • Mandatory training and appraisal compliance increased to 87.1% from June 23. Appraisal compliance increased to 79.2% from June 2023. It was noted that compliance in Estates and Facilities remained challenged, it was agreed that closer monitoring and support would be taken forward with the directorate to increase compliance. • Vacancy rate increased to 10.8% from 10.6 in June 23 • Staff turnover rate decreased from 13.4 in June 23 to 12.6% in September, within the Trust target. • Sickness absence rates at Integrated Clinical Support Unit level showed a slight reduction of under 0.5% from Q 1 in Emergency Integrated Medicine (EIM) and Adult Community Services (ACS), an increase of around 0.5% was noted in Surgery and Cancer and in Children & Young People support
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	<p>units. There was a 1 8% increase in Acute Clinical Support Services & Women's Health.</p> <ul style="list-style-type: none"> • Employee Relations Cases had decreased from Q1 by five. • Time to Resolve reduced by the closure of two cases in Q2 both with a resolution time above the 90 day target. Mitigations for the delay in resolution of these cases were around absence (both sickness and annual leave) and changes within the department. <p>The Committee noted the report.</p> <p>People Strategy The Committee received the working draft People Strategy which was developed to improve support for the workforce, organisational development and culture with the ultimate aim of improved patient care and experience. The draft document was a work in progress and had been shared with Clinical and Corporate leads for review and input. It was agreed that the final draft of the Strategy would be reviewed through the governance framework and submitted to the Trust Board in November for approval. Progress of the strategy would be monitored against the five pillars which underpin the strategy; Attracting; Retaining; Inclusion; Developing our People and Engaging</p> <p>The Committee noted the report.</p> <p>Report from the Guardian of Safe Working Hours (GOSWHs) The Committee received a report from the Guardian of Safe Working Hours which covered the period for quarter one. The Guardian noted</p> <ul style="list-style-type: none"> • A high level of reporting during a period of intermittent industrial strike action. • Nationally there were lower numbers of junior doctors available to fill bank and agency shifts which left on-call teams stretched. • There were high levels of fatigue and burnout amongst all staff across the NHS and has affected the Trust's doctors and dentists in training. • Junior doctors have decided to spend the fine money on lunch provisions at teaching. • The Junior doctors forum was up and running. • The majority of exception reports were submitted by foundation trainees compared to other trusts. Most reports came from general medicine which could indicate underlying issues in those areas. <p>The Committee agreed that benchmarked data related to exception report would be obtained and that the Head of Staff Engagement and Wellbeing and the Guardian of Safe Working Hours should link for further analysis.</p> <p>GMC National Training Survey Results The Committee received the results of the GMC National Training Survey (NTS). The survey results assessed the experiences of trainee doctors and consultant trainers across the UK. The results placed the Trust at 23 out of</p>
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38 non-specialist London hospitals for overall satisfaction. The Trust also showed an improvement in the scores for 14 out of 18 indicators (overall satisfaction, clinical supervision, reporting systems, teamwork, handover, induction, adequate experience, educational governance, educational supervision, feedback, local teaching, regional teaching, rota design, facilities). The 2023 results highlighted success in educational governance and the PGME team would continue to support the faculty of educators, including provision of ongoing professional development.

The Committee noted the report.

Staff Survey 2022, Listening Events and Timeline for 2023 Survey

The Committee received an update on staff survey activity to date. The Staff Survey 2022 results was shared with the Trust Board in April 2023, the response rate was established at 46% following analysis. The Trust has focussed on 5 areas coming out of the analysis

- Fairness in Career Progression
- Not working unpaid additional hours
- Health & Wellbeing
- Reasonable adjustments for disabled staff
- Adequate Materials and resources

The five areas were discussed in a series of listening events that took place with the last one in November 2023. A response and action plan for all areas of focus would be finalised and submitted to the Trust Board in January 2024.

The Committee noted the report.

Restorative Just Culture Update

The Committee received an update on the progress of the Restorative Just Culture work against the 12-month delivery plan: The Committee noted:

- A working group and task and finish groups were set up to monitor and take forward the work.
- Policy development had progressed with a new Disciplinary Policy which incorporated the just and restorative culture approach. The policy would be considered at the next Partnership Group meeting.
- Training for managers on holding Restorative Just Culture conversations commenced in May, 63 managers had been trained to date.
- Key Performance Indicators to measure outcomes of the initiative have been identified and will be implemented through the HRBP team with discussions on prevention tracked.
- Formal ER cases had decreased and there was more of a focus on coaching conversations, and discussion.

The Committee received assurance that work would continue to create understanding and build engagement with the initiative and embed the principles of a restorative just culture.

Whittington Health Inclusion improvement strategy

The Committee were informed that work would continue to engage with staff as feedback on to inform the development of Whittington Health's inclusion improvement plan had been slow from senior staff. The questions would be resubmitted to networks, executive colleagues and communications for further input. Feedback received thus far pointed toward patients and clinical sides of the EDI strategy. The Committee that collaborative work on an anti-racist strategy had commenced with UCLH and NCL and was expected to be completed in late December or early January. The strategy would be submitted to the Committee in Q4. In the meantime Committee members would be approached for their feedback.

The Committee noted the verbal update.

Medical Appraisal and Revalidation Annual Report 2022-23

The Committee received the annual report which was scheduled for submission to Health Education England by 31 October 2023 following approval by the Trust Board. The Committee was informed that all doctors who were not in training were required to complete an appraisal in order to retain a certificate to practice.

It was noted that:

- 65% of doctors completed appraisal.
- 24% had agreed reasons for not having an appraisal which included sick leave, parental leave and joining the Trust close to their appraisal date.
- 11% of doctors did not have an appraisal some of the reasons were attributed to workload. The assistant medical director for organisational development would work with this group to ensure that an annual appraisal was carried out.

The Committee was informed that a new Medical Appraisal System, SARD had been rolled out which significantly reduce administration, time and cost of medical appraisals.

The Committee approved the report.

Board Assurance Framework and Trust Risk Register – People entries

The Committee was presented with the quarter two Board Assurance Framework for risks to the delivery of Whittington Health's People strategic objective.

The Committee noted the report.

Staff Story: Staff development through apprenticeship.

Norma French introduced GP who attended the meeting to talk her experience as an occupational therapist apprentice. She had started her working life in fashion following completion of a diploma on fashion and textiles, she attempted to work her way up in retail and merchandising but realised that she had become stuck on that particular career trajectory. In

	<p>2003 she commenced work as a health care assistant in Hammersmith & Fulham, followed by role in Kensington as a Speech and Language Administrator. GP felt that she wanted to do more and discovered a passion for British Sign Language which she had studied. GP was able to utilise her skill in BSL working with various charitable organisations alongside her paid work with NHS. During this time, she found an advertisement for a therapy assistant at the Trust WH 9 years ago. She joined in 2014 and applied to become an occupational therapist apprentice through an in-service route. She was unsuccessful first attempt and started to look for similar apprenticeships in Sheffield and Coventry. She was supported through the application route by Lesley Platt. They found that Sheffield route was not realistic due to travel. However, she was successful getting onto the Coventry course. She found that there were two routes gain qualified status, one with limited progression the other demanding and challenging but which offered good prospects post qualification. She found that during the pandemic she had to undertake a lot of independent work which was challenging but she was well supported by her team and tutors.</p> <p>GP was aware of the importance of self-care and managed her mental health and stress levels well. Other important factors to consider related to communication and keeping channels free. In terms of her leaning style she found videos and short quizzes helpful aids to learning and retention.</p> <p>GP found that the apprenticeship scheme was the best way for her to advance her career. It was important for her to learn as well as earn during the time and the practical experience was invaluable. She has since obtained a first-class honours degree and will be attending her graduation on 17 November 2023.</p> <p>The Committee thanked GP for her inspirational story.</p> <p>Top three items to highlight to the Trust Board The Committee agreed that the following risk areas would be escalated to the Trust Board:</p> <ul style="list-style-type: none"> • the significance of the developing People Strategy • the strengths apparent from the Equality Duty Report, but also the committee's view that we now needed to focus more on disability issues, and on the Trust's role as an anchor institution for Islington and Haringey • the Health and Wellbeing of stressed and over-worked junior doctors.
2.	<p>Present: Rob Vincent, Non-Executive Director (Committee Chair) Junaid Bajwa, Non-Executive Director Norma French, Director of Workforce Glenys Thornton, Non-Executive Director</p> <p>In attendance:</p>

	<p>Tina Jegede, Joint Director of Inclusion and Lead Nurse, Islington Care Homes</p> <p>Swarnjit Singh, Joint Director of Inclusion & Trust Company Secretary</p> <p>Kate Green, Executive Assistant, Director of Workforce</p> <p>Sola Makinde, Associate Medical Director, Workforce</p> <p>Zara Sayer, Haematology Consultant/Guardian of Safe Working Hours</p> <p>Rowena Welsford, Deputy Director of Workforce</p> <p>Charlotte Pawsey, Deputy Director of Workforce</p> <p>Marcia Marrast-Lewis, Assistant Trust Secretary</p> <p>Apologies:</p> <p>Sarah Wilding, Chief Nurse and Director of Allied Health Professionals</p>
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Meeting title	Workforce Assurance Committee	Date: 25/10/23
Report title	Guardian of Safe Working Hours Report Q1 2023/24	Agenda item: 23/33
Executive director lead	Dr Clare Dollery, Medical Director	
Report author	Dr Zara Sayar, Guardian of Safe Working Hours (GoSWH)	
Executive summary	<ul style="list-style-type: none">• This report covers an ongoing period of intermittent industrial action by most junior doctors.• This, coupled with high levels of acuity of patients has led to high levels of exception reporting this quarter.• Nationally there are lower than previous numbers of junior doctors available to fill bank and agency shifts which leaves on-call teams very stretched.• There continues to be high levels of fatigue and burnout amongst all staff across the NHS and this has affected the Trust's doctors and dentists in training.• Junior doctors have decided to spend the fine money on lunch provisions at teaching. The GoSWH has asked for this money to be transferred to the post graduate department budget who will facilitate this.• The GoSWH has continued to work with the postgraduate department, rota coordinators and the Junior Doctors Forum (JDF) during this period to support all the trainees to face the challenges before them whilst ensuring safe working throughout this period.	
Purpose:	<ul style="list-style-type: none">• To provide assurance to the Board that Junior Doctors are working safe hours in accordance with the 2016 <i>Terms and Conditions of Service for NHS Doctors and Dentists in Training</i>.	
Recommendation(s)	The Board is asked to note this report.	
Risk Register or Board Assurance Framework	NA	
Report history	NA	
Appendices	NA	

Guardian of Safe Working Hours (GoSWH) Report Q1 2023-2024

1. Introduction

- 1.1. This report is presented to the Board with the aim of providing context and assurance around safe working hours for Whittington Health junior doctors.
- 1.2. In August 2016 the new Terms and Conditions (TCS) were introduced for doctors in training. There are clear guidelines of safe working hours and adequate supervision. Trainees submit an 'exception report' (ER) if these conditions are breached. The 2016 TCS has more recently been amended in 2019.
- 1.3. ERs are raised by junior doctors where day to day work varies significantly and/or routinely from their agreed working schedule. Reports are raised electronically through Allocate's E-Rota system. The educational/clinical Supervisor for the individual doctor and the GoSWH receives an alert which prompts a review of the ER and requires the supervisor to meet with the trainee to discuss the events leading to the ER and to take appropriate action to rectify. Such action may include time off in lieu or payment for additional hours worked. They are also asked to review the likelihood of a further exception recurring and address this with the trainee. Where issues are not resolved or a significant concern is raised, the GoSWH may request a review of the doctors' work schedule. The GoSWH, in conjunction with the Medical Workforce team, reviews all exception reports to identify whether a breach has occurred which incurs a financial penalty. The GoSWH will levy a fine to the department employing the doctor for those additional hours worked.
- 1.4. In line with the 2016 TCS a Junior Doctors Forum (JDF) has been jointly established with the GoSWH and the Director of Medical Education. It is chaired by the GoSWH. The Forum meets on an alternate monthly basis and continues to have good attendance and engagement well above other local Trusts. Meetings are currently a hybrid of a face to face and virtual meeting.

2. High level data

Number of doctors / dentists in training (total): 194

Number of doctors / dentists in training on 2016 TCS (total): 194

Job planned time for guardian: 1 **programmed activity**

Admin support provided to the guardian (if any): as required from MD office

Amount of job-planned time for educational supervision: N/A

3. Exception reports (with regard to working hours)

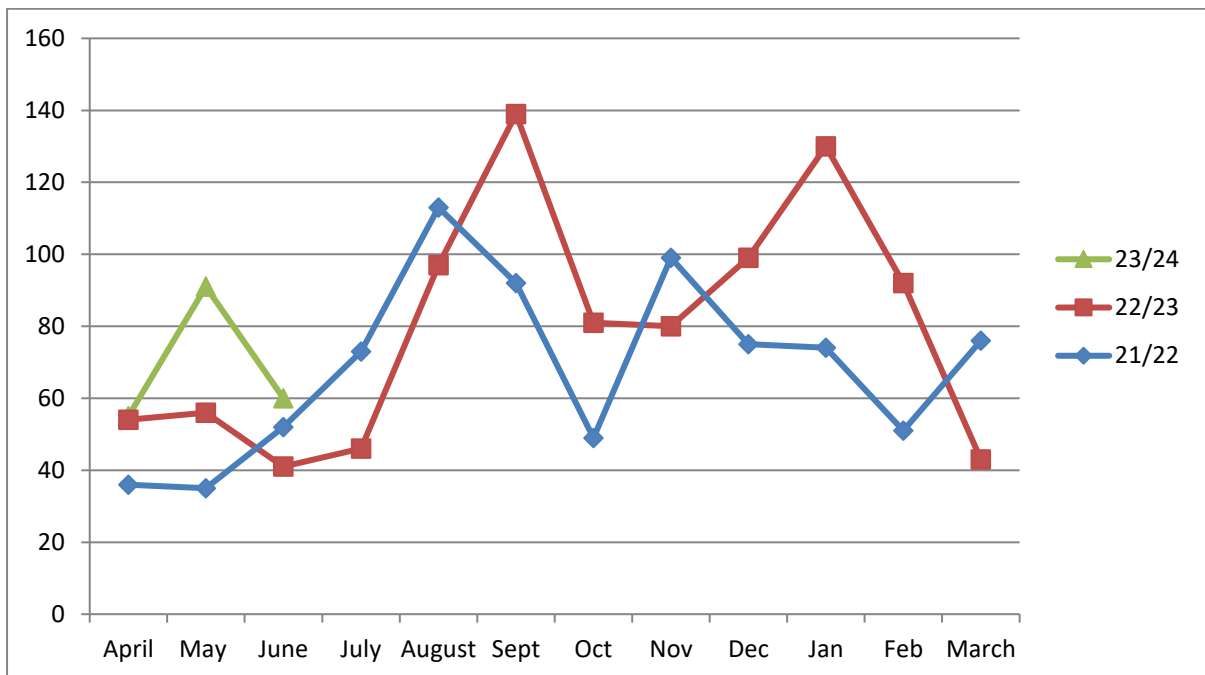
3.1. Between 1st April and the 30th June 2023 there have been a total of 206 ERs raised. The table below gives details on where exceptions have been raised and the responses to deal with the issue raised.

Table 1: Exception reports raised and responses

2023		April	May	June	Total
Reports	Grand Total	55	91	60	206
	Closed	55	91	60	206
	Open	0	0	0	0
Individual doctors / specialties reporting	Doctors	18	16	17	51
	Specialties	8	6	6	20
Immediate concern		0	1	1	2
Nature of exception	Hours/Rest/pattern	55	91	59	205
	Education/Training/service support	0	0	1	1
Additional hours	Total hours	84	129	93	306
Response	Agreed	55	91	60	206
	Not Agreed/Not yet actioned	0	0	0	0
Agreed Action ('No action required' is the only response available for 'education' exception reports)	Time off in lieu (hrs)	0	13	2	15
	Payment for additional hours (hrs)	54	78	57	189
	No action required (ERs)	1	0	1	2
	Other/Pending (ERs)	0	0	0	0
Grade	Foundation year 1	46	66	30	142
	Foundation year 2	2	24	22	48
	IMT/ST1 or ST2	7	1	7	15
	GP Specialty Registrar	0	0	0	0
	Specialty Registrar	0	0	1	1
Exception type (more than one type of exception can be submitted per exception report)	Work Load	40	73	43	156
	Pt/Dr ratio too high	3	5	12	20
	Rota gaps	1	3	4	8
	Late running WR	3	5	1	9
	Deteriorating patient	8	8	1	17
	Educational	0	0	0	0
Specialty	General Medicine	44	69	47	160
	General Surgery	8	15	8	31
	T&O	1	7	1	9
	Paediatrics	0	0	0	0
	Anaesthetics/ITU	0	0	0	0

	Radiology	0	0	0	0
	Psychiatry	0	0	0	0
	Obstetrics and gynaecology	0	0	4	4
	Accident and emergency	2	0	0	2
	Histopathology and micro	0	0	0	0
	Ophthalmology	0	0	0	0

Graph 1: Exception reports over three years by month



3.2. The number of ERs submitted per month is very variable throughout the year and year on year. Over the last three months there has been an ongoing fluctuation in the level of ERs, particularly in light of the industrial action.

Immediate safety concerns

3.3. There were two reports that was flagged as an immediate safety concern (ISC) over the three-month period. Each has been reviewed in a timely fashion and none were appropriately submitted.

Work Schedule reviews

3.4. No formal work schedule reviews have taken place during this quarter. Currently all rotas are compliant.

4. Establishment and Vacancy data

Bank and Agency usage

4.1 It has been confirmed that all bank staff are currently Whittington Health employees. All bank shifts documented above are therefore carried out by junior doctors already working within the Trust.

Table 2: Bank and agency usage Q1

ICSU	Bank		Agency		Total	
	Hours	Cost (£)	Hours	Cost (£)	Hours	Cost (£)
Emergency and integrated medicine	3456	200815.97	3447	153493.78	6903	354309.75
Surgery and cancer	751	35172.17	1239	57472.08	1990	92644.25
Access centre clinical support and women's health	550	26017.35	63	3305.48	613	29322.83
Children and young people	627	20890.68	172	6220.89	799	27111.57

Vacancies

4.2 This table has been altered to include vacancies within clinical pathology which along with microbiology, also includes haematology.

Table 3: Vacancies per speciality Q1

Speciality	Current vacancies
General Medicine	5 WTE vacant ST3+ 5 WTE vacant FY2-IMT3
General Surgery inc urology and T&O	1 WTE vacant SHO+ 1 WTE FY1
Obstetrics and Gynaecology	2 WTE vacant SHO (including 1 GP)
Emergency medicine	1 WTE vacant FY2
Paediatrics (inc NICU)	1 WTE vacant ST3+ 2 WTE vacant (GP) (Paeds)
Anaesthetics inc ITU	2 WTE ST3+
Radiology	Nil
Microbiology and Haematology	1 WTE vacant ST3+
Psychiatry	1 WTE vacant SHO

5. Fines and payment Exception Reports (with regard to working hours)

5.1. For this quarter a total of 281.3 hours is to be re-paid either in time off in lieu (TOIL) or, if this is not possible, as pay for additional hours worked. It would not be appropriate for TOIL accrued in one specialty to be rolled over to another specialty.

5.2. Currently, these hours equate to a total of approximately £5642.94 has been paid to the junior doctors directly.

5.3. The junior doctors have requested that this money is transferred to the post-graduate centre to pay towards lunch provisions for teaching. The finance department have been emailed by the Guardian to facilitate the movement of this money.

Table 4: Breakdown of fines by ICSU

ICSU	Amount of Fine to Doctor (£)	Amount of Fine to Guardian (£)
Emergency and Integrated Medicine	1273.39	2121.93
Surgery and Cancer	-	-
Children and Young People	-	-

6. Next steps

- 6.1. GoSWH to continue to ensure all remaining open ERs are signed off in a timely fashion. Changes made to the contract in 2019 enables the GoSWH to action outstanding ERs at 30 days.
- 6.2. The GoSWH to ensure that the ER fine money is transferred to the post-graduate centre as per the request of the junior doctors.
- 6.3. GoSWH to continue to work with ICSU leadership teams, rota coordinators and the bank office, to try to reduce the need for ERs by working to fill rota gaps whenever possible.
- 6.4. The current GoSWH will on maternity leave for six months and a replacement has been identified. There has been a handover to facilitate the smooth transition of the new GoSWH into this role.

7. Conclusions

- 7.1. This quarter's report shows steady ER numbers.
- 7.2. The majority of ER continues to be seen in the EIM ICSU. This is likely to reflect the ongoing high levels of patient acuity in this area.
- 7.3. Primary events leading up to exceptions are issues due to workload and times when there is very minimal staffing on the wards due to rota gaps, on-call commitments and sickness. This is having an increasing impact especially on the provision of emergency care and on-call rotas. The Trust is aware of the issues and is trying hard to mitigate risk to both patients and staff.
- 7.4. There has now been a decision by the junior doctors on how to spend the fine money and this has been actioned.
- 7.5. There are still very low levels of reporting in certain specialities, e.g. anaesthetics, radiology etc. and at higher grades. Attempts are being made to increase engagement and there has been some improvement. This is a well-recognised issue nationally. The GoSWH continues to promote ER in these areas.

8. Recommendations

8.1. Workforce Assurance Committee is asked to note this report and inform the board in line with national guidance for GoSWH reports.



Whittington Health
NHS Trust

Whittington Health

2022 / 2023

**Public Sector Equality
Duty compliance report**



**Diversity
& Inclusion**

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Celebrating Black History Month



@Whithealth @WhitBAMenetwork
#WhitCelebratesBlackHistoryMonth

NHS
Whittington Health
NHS Trust

A. Context of the report

1. Purpose of the Report

1.1 This report presents equality information about the Trust's workforce, patients and service users. It relates to the protected characteristics set out in the Equality Act 2010, which requires publicly funded bodies to demonstrate how they are meeting the general and specific duties of the Public Sector Equality Duty (PSED) in line with the statutory requirements.

1.2 The report uses data between 1 April 2022 and 31 March 2023; some datasets require a single snapshot date of 31 March 2023.

1.3 The report is split into four main Sections: 'A. Context of the report'; 'B. Patients and Service Users'; 'C. Workforce' and 'D: Equality Objectives'. Information in each section is presented mainly in headings related to the nine protected characteristics. Some sections contain significantly less information than others, reflecting the challenges and limitations of collecting information and individuals' right to choose what to disclose.

Where there is limited information, these come with the caveat that it is hard to conclude except to give an opinion in places.

1.4 The Equality Act 2010 (the Act) replaced previous anti-discrimination legislation. It simplified the law, removing inconsistencies to make it easier for people to understand and comply. The Public Sector Equality Duty (section 149 of the Act) came into force on 5 April 2011.

1.5 The Equality Duty applies to public bodies and others carrying out public functions. It supports good decision-making by ensuring public bodies consider how different people will be affected by their activities, helping

them to deliver policies and services that are efficient and effective, accessible to all, and meet different people's needs.

1.6 The specific duties in the regulations strengthen the Equality Duty. The specific duties require public bodies to publish relevant, proportionate information demonstrating their compliance with the Equality Duty and to set specific, measurable equality objectives.

1.7 The information published should demonstrate the Trust's regard and support for the achievement of the three aims of the Equality Duty:

- Eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act;
- Advance equality of opportunity between people who share a protected characteristic and those who do not;
- Foster good relations between people who share a protected characteristic and those who do not.

1.8 The nine protected characteristics covered by the Equality Duty are:

- i. Age
- ii. Disability
- iii. Gender reassignment
- iv. Marriage and civil partnership (elimination of unlawful discrimination only)
- v. Pregnancy and maternity
- vi. Race (this includes ethnic or national origins, colour or nationality)
- vii. Religion or belief (this includes lack of belief)
- viii. Sex
- ix. Sexual orientation

2. The Protected Characteristics

2.1 **Age** – This refers to a person or persons belonging to a particular age group. An age group includes people of the same age and people of a particular range of ages. People in the same age group share the protected characteristic of age.

2.2 **Disability** – In the Act, a person has a disability if they have a physical or mental impairment, which has a **substantial** and **long-term** adverse effect on their ability to perform **normal day-to-day activities**. For the purposes of the Act, these words have the following meanings:

- **substantial** means more than minor or trivial
- **long-term** means that the effect of the impairment has lasted or is likely to last for at least twelve months or till the end of life (there are special rules covering recurring or fluctuating conditions)
- **normal day-to-day activities** include everyday things like eating, washing, walking and going shopping

There are additional provisions relating to people with progressive conditions. The Act protects people with HIV, cancer or multiple sclerosis from the point of diagnosis. The Act considers people with some visual impairments automatically to be disabled. People with the same disability share the protected characteristic of disability.

2.3 **Gender reassignment** – For the purposes of the Act, where a person has proposed, started or completed a process to change their sex. A person who has just started the process of changing their sex and another who has completed the process share the characteristic of gender reassignment.

2.4 **Marriage and Civil Partnership** – This refers to people with the protected characteristic of being married or civil

partners. A person engaged to be married, is not married and, therefore, does not have this protected characteristic. A divorcee or a person in a dissolved civil partnership is not married or in a civil partnership and therefore, does not have this protected characteristic.

2.5 **Pregnancy and maternity** – A woman remains protected in their employment during pregnancy and any statutory maternity leave to which they are entitled. This provision is now separate from protection on the grounds of sex, which is not available to a woman during pregnancy and maternity. It is unlawful to take into account an employee's period of absence due to pregnancy-related illness when making decisions about their employment.

2.6 **Race** – For the purposes of the Act, 'race' includes colour, nationality and ethnic or national origins. People with or share characteristics of colour, nationality or ethnic or national origins may belong to a particular racial group. Examples: colour includes being black or white, and nationality includes being a British, Australian or Swiss citizen. Ethnic or national origins include being from a Roma background or of Chinese heritage. A racial group could be 'Black Britons,' which would encompass those people who are both Black and British citizens.

2.7 **Religion or belief** – This covers people with religious or philosophical beliefs. To be considered a religion within the meaning of the Act, it must have a clear structure and belief system. The Act includes the following examples: The Baha'i faith, Buddhism, Christianity, Hinduism, Islam, Jainism, Judaism, Rastafarianism, Sikhism and Zoroastrianism. To be considered a philosophical belief for the purposes of the Act, it must be:

- genuinely held

- be a belief and not an opinion or viewpoint
- be a belief as to a weighty and substantial aspect of human life and behaviour
- attain a certain level of cogency, seriousness, cohesion and importance
- be worthy of respect in a democratic society, compatible with human dignity and not conflict with the fundamental rights of others

The Act cites humanism and atheism as examples of philosophical beliefs. Adherence to a particular football team would not be a religion or belief. A cult involved in illegal activities would not satisfy these criteria. People of the same or different religions or beliefs share the protected characteristic of religion or belief.

The Act also protects people who do not have a religion or belief (non-belief).

2.8 **Sex** – For the purposes of the Act, sex means being a man or a woman.

2.9 **Sexual Orientation** – The Act defines a person's sexual orientation towards:

- People of the same sex as them (a person is a gay man, gay woman or a lesbian).
- People of the opposite sex from them (the person is heterosexual).
- People of both sexes (the person is bisexual).

People sharing a sexual orientation means they are of the same sexual orientation and therefore, share the characteristic of sexual orientation.



3. About Whittington Health

- 3.1 Whittington Health provides hospital and community care services to over half a million people living in Islington and Haringey and those living in Barnet, Enfield, Camden and Hackney.
- 3.2 We provided over 40 acute and 60 community health services in 2022/23. This is in addition to providing dental services in 10 London boroughs.
- 3.3 Every day, we aim to provide high-quality and safe healthcare to people in our hospital, in their homes or in nearby clinics. We are here to support our patients throughout their healthcare journey – this is what makes us an integrated care organisation.
- 3.4 We have an excellent reputation for being innovative, responsive and flexible to the changing clinical needs of the local population and for leading the way in providing integrated community and hospital services.
- 3.5 We are treating more patients than ever before and are dedicated to improving services to deliver the best care for our patients, with a clear focus on integrating care for women, children, and the adult frail.
- 3.6 Our 2019/24 strategy has four main objectives:
- Deliver outstanding safe, compassionate care in partnership with patients.
 - Empower, support and develop an engaged staff community.
 - Integrate care with partners and promote health and wellbeing.
 - Transform and deliver innovative, financially sustainable services.
- 3.7 The Trust's ICARE values were developed through staff engagement and consultation and continue to be fundamental to everything we do at Whittington Health. An overarching equity value underpins them and forms the basis of expected staff behaviours.



- 3.8 Our service priorities are focussed on our population needs: integrating care in all settings with emphasis on women, children and frail adult patients and residents.
- 3.9 Our priority is to deliver the right care, at the right time, and in the right place for our patients. We provide an extensive range of services from our main hospital site and run services from over 30 community locations in Islington and Haringey, and our dental services are run from sites across 10 boroughs.
- 3.10 As an integrated care organisation, we bring safe and high-quality services closer to home and speed up communication between community and hospital services, improving our patients' experience, reducing admissions and speeding up discharge. Key to our approach is partnering with patients, carers, GPs, social care, mental health and other healthcare providers.
- 3.11 Our organisation has a highly regarded educational role. We teach undergraduate medical students (as part of University College London Medical School) and nurses and therapists throughout the year,

alongside providing a range of educational packages for postgraduate doctors and other healthcare professionals. We also have a growing research arm which is exceeding Clinical Research Network targets.

3.1 Other relevant reports and data

3.1.1 This report feeds into another range of statutory and NHS standards, which look at their subject areas in greater detail than this document.

These include:

- Workforce Disability Equality Standard
- Workforce Race Equality Standard
- Gender Pay Gap reporting.

The Workforce Disability and Equality Standard is available on the [Trust's website](#). The Trust's statutory Gender Pay Gap report is available on the [GPG Reporting Service](#).

3.1.2 When writing this report, data about the local population has been taken from the 2021 census. The latest census provides an up-to-date and comprehensive overview of the local population, including sexual orientation and gender identity.

3.2 Trustwide equality, diversity and inclusion related Achievements during 2022/23

Whittington Health Trust maintains its commitment to ensuring equity is a goal and decisive factor in delivering excellent patient care and creating a workplace environment that is considerate of our celebrated and diverse workforce. Equity ensures that patients and staff have adequate and appropriate support to enable them to utilise and provide Trust services.

Equality and equity are two very separate ideas. Some people mistakenly use the terms interchangeably. Equality is about providing the same resources to people in the hope that it will reduce discrimination or

unfavourable treatment and is sometimes seen as a 'one-size fits all' approach. Whereas equity aims to provide targeted support depending on the needs of the individual.

The Trust has adopted various initiatives and projects, including:

3.2.1 Supported Internships

Supported internships are a one-year work-based study programme where young people spend most of their time-based at an employer.

They provide an important step on the employment journey, helping young people aged 16 to 24 with an Education, Health and Care plan (EHCP) or another form of Special Educational Needs (SEN) support to get the skills they need for work so that they can get into a job.

Using the Project Search model, Ambitious College and Care Trade works with the Whittington Hospital to support interns in developing workplace skills. The programme runs from September for one academic year, with interns based at the Whittington five days a week.

Job outcomes:

- 2019/20 – 2 out of 3 interns in paid work (the COVID-19 pandemic impacted the scheme)
- 2020/21 – 5 interns off-site; the COVID-19 pandemic impacted the scheme (all interns were granted extensions in 2021/22)
- 2021/22- 9 interns (4 returners) – this was our first full year on-site post Covid, and 6 out of 9 young people entered paid employment.
- 2022/23 - 10 interns working across multiple hospital departments in various roles, including administration, portering, stores, estates, pharmacy, Whittington Education Centre, patient dining and the play team. Two have already secured employment.

3.2.2 Disability Confident – Level 3

In December 2021, NHS England and Improvement (NHS E/I) accepted Whittington Health onto a national pilot run by the Nursing Directorate at NHS E/I. The Trust formalised this arrangement with NHS E/I through a Memorandum of Understanding in November 2021.

The focus was on the [Disability Confident](#) scheme to encourage employers to think differently about disability and to take action to make improvements to how they recruit, retain and develop people with disabilities.

There were two elements to the pilot. First, NHS organisations assessed current policies, procedures and practices and provided evidence for level three Disability Confident status. An external disability charity, the [Shaw Trust](#), then validates the assessment.

As part of the Trust's submission, we provided a range of information to be validated, including the Recruitment and selection policy, WhitAbility terms of reference (disabled staff network) and the North Central London Apprenticeship policy.

The second element focussed on employability to ensure disabled people secure more paid fixed-term or permanent opportunities.

Whittington Health was successfully awarded level 3 status as a Disability Confident Leader and looks forward to continuing its excellent partnership with two external, third-sector bodies – Ambitious About Autism and the Autism Project – to host internship placements and to help attract and retain disabled people in our workforce.



3.2.3 Inclusion Team

The team consists of 3.2 whole-time equivalent (WTE) staff. A 1.2 WTE joint director role, an EDI manager, and a staff engagement officer. The joint directors are non-voting Board Members and give assurance to the Board and respective governance structures, including staff networks, on compliance with the Equality Act 2010 and other key performance indicators as listed:

- Disability Confident
- Gender Pay Gap
- Workforce Disability Equality Standard (WDES)
- Workforce Race Equality Standard (WRES)
- Medical Workforce Race Equality Standard
- Bank Workforce Race Equality Standard

The Trust has an Executive Director Lead for inclusion and a Non-Executive Lead (Glennys Thornton), with remits to support actions and ambition around cultural change, which ensures we are inclusive for all employees, including in areas of access and experience of all our patients, carers, visitors, volunteers, and goals for improving health outcomes.

Staff engagement has been pivotal for achieving our goals. As part of our work in this area, the staff networks continue to act as a method of consultation to help deliver equity within Trust policies, guidance, and staff engagement. We have developed a network and staff mission statement to enable staff to connect with our Trust values. It conveys a message of supporting belonging and influencing team cohesiveness and inclusion in the organisation.

Some of the key activities supporting our EDI goals and ambition includes:

3.2.3.1 Supporting our Integrated Clinical Service Units (ICSU) and Departments

The Inclusion Team contributes to ICSU and department away days to provide information about improving equity and inclusion within

their workforces. The Inclusion Team have also been invited to ICSU Board meetings to present data from the Workforce Race and Disability Equality Standards, these sessions inform ICSU management on the existing state of inclusion and improvements that could be made.

These activities promote a meaningful form of engagement, that furthers the ICSU or department's accountability through sharing their data, action plans and monitoring progress and highlighting how all of this impacts the overall Trust performance on inclusion.

3.2.3.2 Staff Open Forum

The forum is run quarterly and provides engagement opportunities for all staff to hear about developments related to equality, diversity, and inclusion that are being delivered, and gives those who attend space to provide feedback.

Whilst the Inclusion Team leads this meeting, updates from departments or Integrated Clinical Service Units (ICSU) about work they undertake to further inclusion within their areas are particularly welcome.

During 2022/23, several topics were discussed that include:

- Findings and outcomes from WRES and WDES reports
- Experiences from attendees from the Black and Minority Ethnic (BME) Band 2-7 Development Programme
- Work within our Adult and Community Health Services ICSU to improve race equity within their workforce.

3.2.3.3 Staff Engagement and Awareness Events

The Inclusion Team has run and supported the staff networks to run events to increase awareness of inclusion within the Trust. These events also provide opportunities to engage staff and encourage their participation in the EDI agenda.

During 2022/23, a number of Trustwide events (supported by the Inclusion Team), including:

- National Day for Staff Networks
- South Asian Heritage Month
- Black History Month
- UK Disability History Month
- Lesbian, Gay, Bisexual and Transgender (LGBT) History Month
- Race Equality Week (see below)
- International Women's Day

3.2.3.4 Race Equality Week

The Trust participated in Race Equality Week between 6–12 February 2023. The week is designed to unite organisations and staff in workplace activities addressing race equality barriers. This event is the Trust's second time running Race Equality Week.

The theme for this year was 'It's Everyone's Business', and sessions explored important topics such as the new career development pathways for Allied Health Professionals and healthcare support workers, career development and opportunities for BME staff, how Freedom to Speak Up contributes to race equity, hearing from other NHS organisations about their adoption of the See Me First initiative, and the impact on medical staff.

3.2.3.5 Medical Workforce Race Equality Standard

The Medical Workforce Race Equality Standard (MWRES) and 11 indicators were introduced in September 2020 to recognise how the medical workforce differs from the rest of the NHS workforce. The first MWRES report was published in July 2021. In response, the Trust has created the post of MWRES Leads. The Trust is one of the first to introduce the MWRES lead role. One core focus of the MWRES Lead role is improving the Trust support and development of International Medical Graduates (IMG). A programme and handbook have been produced to support the newly appointed IMGs settle into UK, understand the workplace cultural expectations of a UK workforce and meet their professional and regulatory requirements.

3.2.3.6 External Mentoring

The introduction of external mentoring with a working title of 'Whittington Health – Mentorship for Black, Asian & Ethnic Minority staff programme from senior BME colleagues working in other North Central London sectors to support mentoring support and career progression to staff from BME who might benefit. Since its introduction in May 2022, there have been fourteen requests from BME staff band seven and above, with two gained promotions.

3.2.3.7 Development of the Reasonable Adjustments Guidelines and Health Passport

Working with the WhitAbility staff network, the Inclusion Team drafted the Reasonable Adjustment Guidelines. The guidelines will support staff with disabilities and long-term health conditions to secure reasonable adjustments.

After consultation with Anna Knight, Yvonne Barrett, Andi King, Sandra Glynn and Ophelia Ponteen from the WhitAbility staff network, a specific pathway for staff with neurodivergent issues was developed.

To complement these guidelines, a health passport has also been developed using feedback from staff with disabilities and long-term health conditions. The Health Passport is a tool that will ensure a member of staff and their manager is as comprehensive as possible and encourages regular review.

To prepare the Trust's managers for the launch of these documents, training on disability, the health passport and reasonable adjustments is currently being delivered.

3.2.3.8 Training Activity

The Inclusion Team participated in several training programmes to help improve the awareness of inclusion issues among staff and managers. Some of these training activities include:

- Corporate induction
- Disability and Reasonable Adjustments

- Building Inclusive and Compassionate Cultures
- Preceptorship programme
- Participation in the Allied Health Leadership Fellowship
- By request to different teams and service units

3.2.3.9 Inclusion Calendar

To assist with services better delivering tailored healthcare to their patients and better supporting the workforce, the Inclusion Team have launched the Inclusion Calendar.

The calendar highlights the important dates related to Religious, spiritual or belief-based festivals and inclusion dates/awareness events throughout the year.

To complement this, the Communication Team promote the calendar highlighting the main festivals or events for that month. The Library Team have been producing monthly newsletters with resources for staff relating to one of the month's key events, e.g. providing care for patients with learning disabilities for Learning Disabilities Week.



3.2.4 Organisational Development

3.2.4.1 Workforce Culture and “Caring for those Who Care”.

The Trust's work to support good working relationships, and to promote compassion and inclusion throughout the Whittington Health culture, has continued, alongside a focus on providing staff with rest and respite in short lunchtime sessions. Many initiatives are detailed below and in the following sections on health and wellbeing.

Below are some main changes, programmes, and campaigns to enhance culture and workplace relationships and environments.



- The range of services offered under the branded 'Caring for Those Who Care' or "#CFTWC" logo has been continuously augmented, with a range of new programmes and services offered in-house, within the North Central London (NCL) integrated care system (ICS), and nationally, to provide staff with the widest choice of supportive opportunities.
- A new Financial Wellbeing Hub was created under CFTWC to support staff through the cost-of-living crisis and various listening events held in the organisation.
- Patient behaviour and staff safety have also been added to the CFTWC hub with a new policy, guidelines and training piloted on Managing Violence and Aggression at Work policy.
- 'Disability in the Workplace' provides employees with an understanding of staff experience and invites people to be more inclusive in their behaviours.
- The organisation launched the Restorative Just Culture programme, which included revised policies and training for managers to support restorative conversations.

3.2.4.2 Staff Health and Wellbeing

2022/23 saw the various organisational groups overseeing staff health and wellbeing working even more closely together, within the Trust and the NCL ICS, to coordinate health and wellbeing support, including financial wellbeing. The Trust focused efforts on both practical staff support and psychological support. Additionally, the organisation has designed a new Staff Wellbeing and Engagement Model, which is being implemented:

From internal staff, these included:

- Mental Health First Aiders received refresher training to continue offering a listening ear and signpost professional support where required.
- Intercultural therapy is available to staff from Black, Asian, and Minority Ethnic backgrounds.
- The increased cohort of mediators responds to mediation requests.
- The 'Check-in and Check-out' toolkit for managers to look after their staff continues to be promoted for use at the start and end of team meetings.
- A resilience workbook that highlights the importance of rest as a cornerstone.
- To support this, several sleep sessions were provided to staff struggling to rest and learn techniques to use at home, and they proved very popular.
- Seated yoga lunchtime sessions are on continuous offer to ensure people's physical health supported their mental health, and again, were booked out.
- From the in-house Employee Assistance Programme, 'People at Work', confidential direct access to counselling continues to be offered.
- Critical Incident Stress Debriefing.

External routes of support include:

- Keeping Well North Central London Hub, national NHS, and specialist provisions such as the Tavistock and Portman NHS Foundation Trust offered a range of counselling and supportive psychological sessions, including intercultural therapy.
- Two local organisations offered counselling to targeted groups.
- National and regional websites and online resources, from advice to chat rooms, provided a range of support, including information.
- Workbooks and worksheets were provided to help people assess their needs.

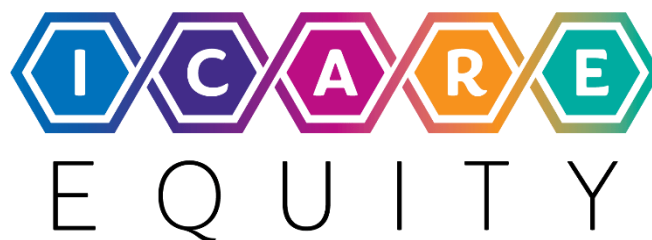
3.4.2.3 Staff development

Whittington Health places great value on developing staff through courses and development opportunities. Since 2022, we have taken a blended learning approach to our training and development. In the last year, the

following was delivered by in-house staff and partners:

- British Sign Language, both tasters and qualification courses from external providers
- Advanced Presentation Skills for those who want to progress their careers or become confident in presenting for audiences.
- Emerging Clinical Leaders programme from King's Fund to develop staff leadership skills for career development.
- Allied Health Professionals Leadership Fellowship Programme, which also promotes inclusion and creating a diverse AHP workforce
- I.CARE Career to support career development, for which a workbook is available.
- I.CARE Leadership Development programme for all managers, including a session on building inclusive cultures.
- Coaching is available for individuals to support career development and working relationships.
- Designed a Reciprocal Mentoring programme for staff with lived experience from all protected characteristics and backgrounds.
- The Reverse Mentoring Programme. The goal of this is to help promote a culture equity of opportunity and progression to improve the experience of BME nurses and midwives working in the organisation and ensure that this is in line with our goals and values. 360-degree feedback for individuals to understand how they impact others
- and to support career development.
- Advanced Leadership and Management Diploma Level 6 from Middlesex University, designed to support staff from underprivileged backgrounds access to higher education qualifications, and participants were over 90% from Black, Asian and Minority Ethnic Backgrounds.
- Bands 2-7 BME Career Development programme was marked by a huge success, with 45% of participants getting promoted.
- Various apprenticeships in both clinical and non-clinical areas to support staff development and progression.

- Functional skills courses are available for staff, particularly those who have not completed GCSEs or Functional Skills, to enable them to progress onto apprenticeship programmes.



3.2.5 Staff Networks

The Trust's staff networks are essential in engaging staff from different protected groups with the inclusion agenda and acting as critical friends.

The networks also provide a forum where like-minded people and their allies can meet to discuss issues and developments that particularly impact them and their community. The networks also offer peer support and provide a route to escalate issues impacting their members.

The staff networks are members of the Staff Inclusion Group meeting where they can highlight their successes, current issues highlighted by their members and any issues they need support or require escalation.

At present, there are four staff networks, which include:

- Lesbian, Gay, Bisexual, Transgender, Queer Plus Network (LGBTQ+) – during 22/23, the network campaigned for the option of pronouns to be added to the '[Hello, my name is](#)' badges, requested the NHS England LGBTQ+ training module to be added to the Trust's learning offers and ran well-attended events for LGBT History Month.
- Staff Race Equity and Nationality Network (SRENN) during 22/23, the network ran events to promote awareness and celebrate our diverse populations, including Black History Month, the Philippines Independence

Day and Southeast Asian History Month.

- WhitAbility Network for staff with disabilities, long-term health conditions, and allies. During 22/23, the network work supported creating the Trust's reasonable adjustment guidelines and health passport. The network supported the Inclusion Team with events to mark UK Disability History Month.
- Women's Network: During 22/23, the network supported the Menopause Awareness Events run by the Trust's maternity services and ran a week of events to celebrate International Women's Day.

3.2.6 Update from the Children and Young People Integrated Care Service Unit

The Children and Young People (CYP) ICSU has established an Equality, Diversity and Inclusion (EDI) working group with membership across CYP services. The group is focused on the following areas:

1. Diversity in the workforce
2. Career development
3. Inclusive culture
4. CYP and family's access to services
5. Culturally appropriate assessment tools

Inclusion activities across all services are being collated, shared and expanded. CYP is also expanding the scope of the BME monthly newsletter that was started by the Islington Additional Needs and Disability Service Team; it now covers the whole ICSU and includes updates on work from the CYP EDI working group.

In Islington Child and Adolescent Mental Health Service (CAMHS), there have been several achievements that promoted inclusion during 2022/23, including:

- Establishment of a one-day management EDI Lead post. The post supports the senior management team in delivering sustainable change and improvements in EDI across

Community CAMHS, Simmons House and the Paediatric Mental Health Team. The EDI Lead post has been recruited to.

- Raising awareness for staff who may have undeclared neurodiversity, including workplace adjustments (part of the Workforce Disability Equality Standard)
- A BME reflective practice group has continued
- A Jewish reflective practice group has been established
- EDI Forum has started to open up conversations in CAMHS about race, culture, LGBTQ+, other differences and social graces with each other to benefit our young people and families. Brave conversations amongst all staff through EDI forums and within teams, supervision sessions and sharing with multi-agency colleagues
- The recruitment steering group has started revamping current systems to develop an inclusive recruitment strategy in CAMHS to cover all stages of the recruitment process, including equitable work experience programmes, job advertisements, job descriptions, and the interview and induction processes.
- Increasing availability of translated resources for children, young people and families joined up across North Central London.

3.2.7 See Me First

See ME First is an initiative to promote a more respectful, civil, and inclusive culture within Organisations to give staff a sense of belonging.

As See ME First approaches its third anniversary on 29th October 2023 and EQUITY now underpins the Whittington Health NHS Trust ICARE values, the message that “.... people should not be judged by the colour of their skin but by the content of their character....” is even stronger.

Over 2,000 staff have pledged, and over 30 other NHS organisations are ‘following our

lead' and have either adopted or are looking to adopt the initiative. Islington Council – Social Care is the first Organisation outside the NHS, launched in October 2022.

As a testament to the effect of See ME First, we are now also receiving See ME First Impact Testimonials from staff who have made their pledge and want to share their experiences and the tangible changes that have occurred.

One See ME First Impact Testimonials reads,

“See ME First is a platform that allows for

open and honest discussions even when the topics are difficult, it has particularly given me a voice and has empowered me to help others”.

As an entirely staff-led initiative to help raise awareness, raise the profile and support and facilitate those opening dialogues, we now have See ME First Ambassadors, staff who are actively engaging with other staff across the ICO and spreading the message that a change is long overdue.



B. Patients and Service Users



4. Patient Equality Information

- 4.1 There are two sets of patient equality information that are available. First, data about who uses our services; secondly, data about the patient experience while under our care. Some data is unavailable for analysis as it is not routinely collected via Medway or Rio, our patient management systems. This information could be held in patients' written medical or nursing notes. The Chief Nursing Information Officer is working on this as part of our ongoing work to digitalise patient records.

The available data shows service usage for patients that were outpatients, inpatients, and using emergency services and community services during 2022/23.

4.2 Age

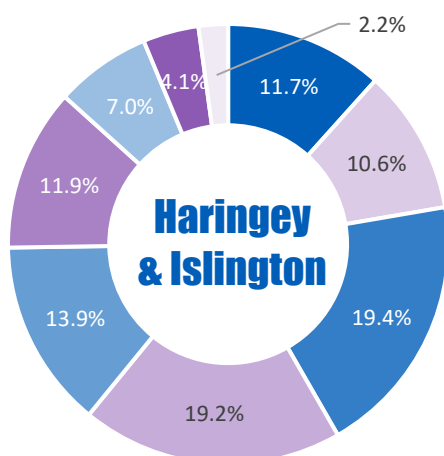


Chart B1 (left) shows the representation of the local population of Haringey and Islington broken down by age group. The local breakdown of the local population helps provide a point of comparison when looking at patient and service use data.

- 0-10
- 11-20
- 21-30
- 31-40
- 41-50
- 51-60
- 61-70
- 71-80
- 81+

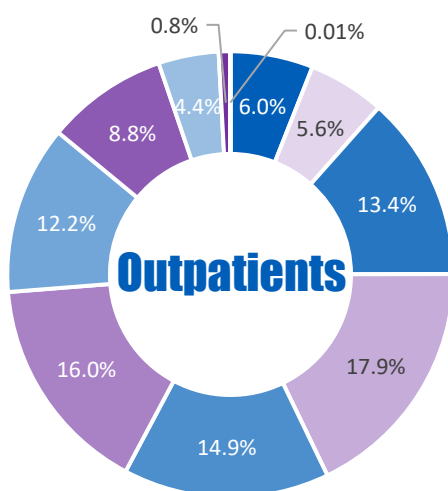
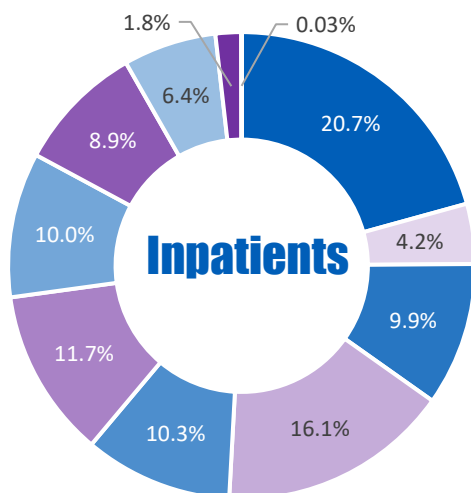


Chart B2 (left) represents outpatient service use by age group. In outpatient services, most patients are 20-70 years of age.

Comparing service use to the age demographic of Haringey and Islington, there is a lower-than-expected representation of patients and service users aged 0-40 and a higher-than-expected representation for those aged 40+.

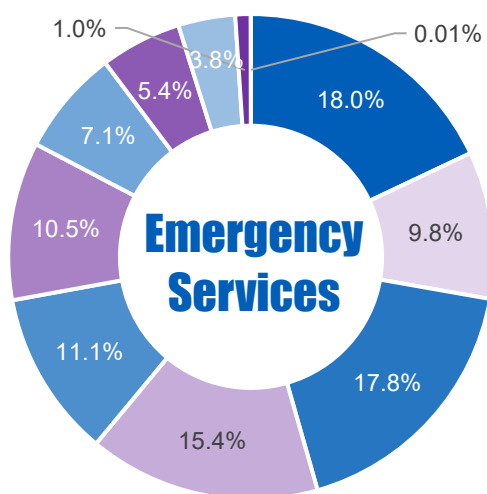
- 0 - 10
- 11 - 20
- 20 - 30
- 30 - 40
- 40 - 50
- 50 - 60
- 60 - 70
- 70 - 80
- 80 - 90
- 90 - 100



- 0 - 10
- 11 - 20
- 20 - 30
- 30 - 40
- 40 - 50
- 50 - 60
- 60 - 70
- 70 - 80
- 80 - 90
- 90 - 100

Chart B3 (left) represents inpatient service use by age group. In inpatient services, most service usage is from patients aged 0-10 and 30-70.

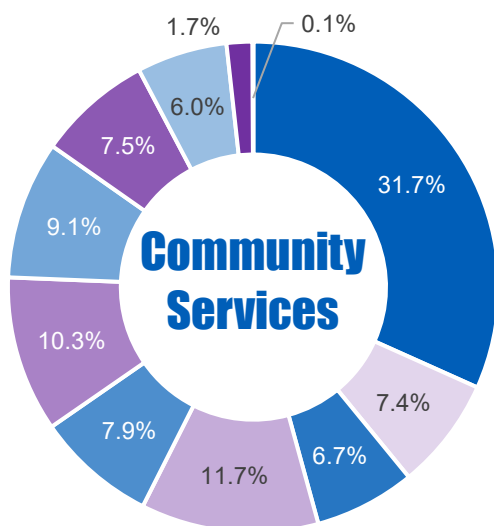
Comparing service use to the age demographic of Haringey and Islington, there is a lower-than-expected representation of patients and service users aged 11-60 and a higher-than-expected representation for those aged 0-10 and 60+.



- 0 - 10
- 11 - 20
- 20 - 30
- 30 - 40
- 40 - 50
- 50 - 60
- 60 - 70
- 70 - 80
- 80 - 90
- 90 - 100

Chart B4 (left) represents patient use of emergency services by age groups. For these services, most service usage is from patients aged 0-60.

Comparing service use to the age demographic of Haringey and Islington, there is a lower-than-expected representation of patients and service users aged 11-60 and a higher-than-expected representation for those aged 0-10 and 60+.



- 0 - 10
- 11 - 20
- 20 - 30
- 30 - 40
- 40 - 50
- 50 - 60
- 60 - 70
- 70 - 80
- 80 - 90
- 90 - 100
- 100 - 110

Chart B5 (left) represents patient use of community services by age group. The groups with the greatest representation in community services are 0-10, 30-40 and 50-60.

Comparing service use to the age demographic of Haringey and Islington, there is a lower-than-expected representation of patients and service users aged 11-60 and a higher-than-expected representation for those aged 0-10 and 60+.

4.3 Disability

This information is not routinely collected through Medway or Rio, our patient information management systems.

4.4 Gender Reassignment

This information is not routinely collected through Medway or Rio, our patient information management systems.

4.5 Marriage and Civil Partnership

This section reviews patient attendance data by marital status who attended emergency services or were inpatients and outpatients. Information for community services is not included as over 97% of the patient's relationship status is 'unknown.'

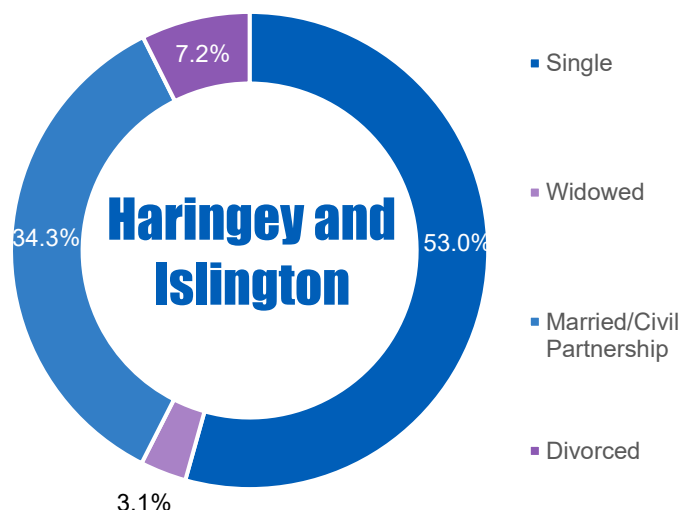


Chart B6 (left) represents the local population of Haringey and Islington broken down by marital status. The breakdown helps provide a point of comparison when looking at patient and service use data.

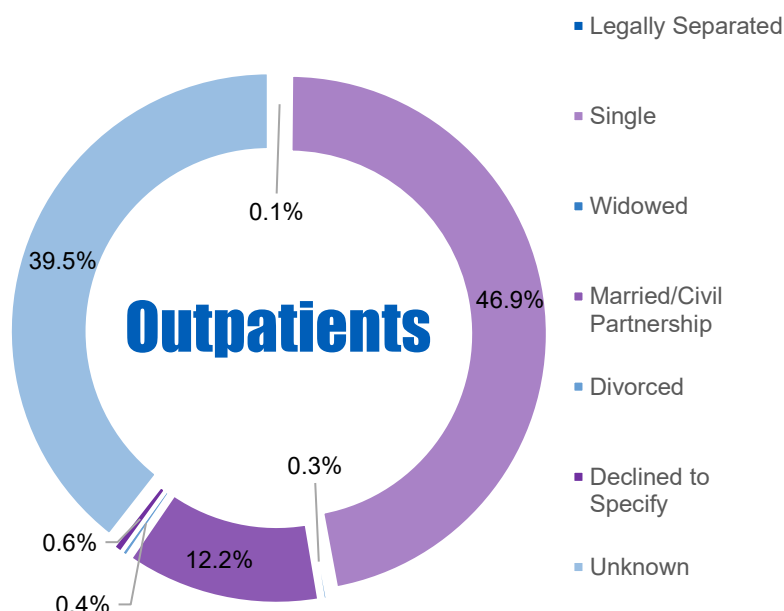


Chart B7 (left) represents patients who attended outpatient services broken down by marital status. Overall, the largest groups to have attended outpatient services are single and patients whose status is unknown.

Compared to Haringey and Islington's local population, there is a much lower representation of patients who are either married or in a civil partnership attending outpatient services. However, it should be noted that nearly 40% of patients' marital status is unknown; the true reflection of the patient demographic for marriage and civil partnership using outpatient services cannot be seen until this improves.

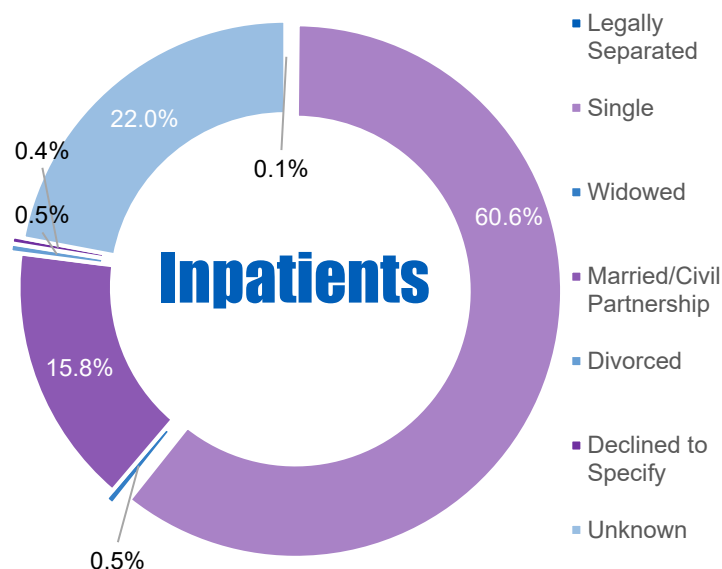


Chart B8 (left) represents patients who attended inpatient services broken down by marital status. Overall, the largest groups to have attended inpatient services are single patients whose status is unknown, followed by those married or in a civil partnership.

Compared to Haringey and Islington's local population, there is a much lower representation of patients who are either married or in a civil partnership attending inpatient services. However, it should be noted that over a fifth of the patient's marital status is unknown; the true reflection of the patient demographic for marriage and civil partnership using inpatient services cannot be seen until this improves.

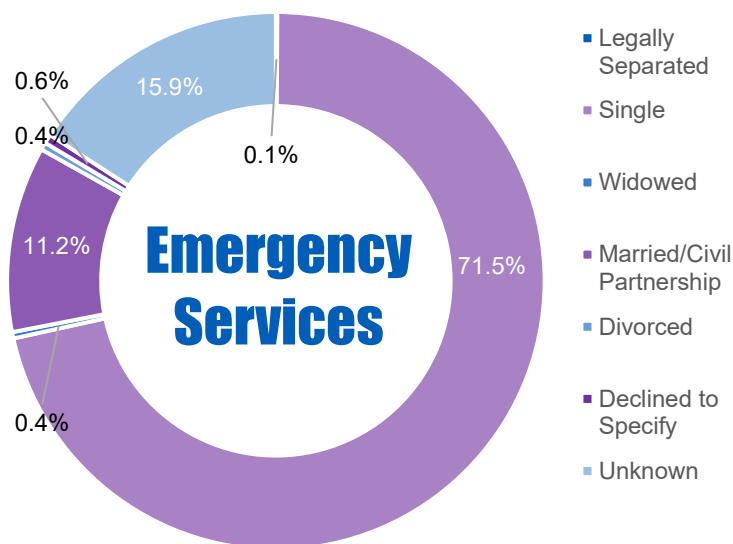


Chart B9 (left) represents patients who attended emergency services broken down by marital status. Overall, the largest groups to have attended emergency services are single patients whose status is unknown, followed by those married or in a civil partnership.

Compared to the local population of Haringey and Islington, nearly all groups have a much lower representation (except single patients).

4.6 Pregnancy and Maternity

This information is not routinely collected through Medway or Rio, our patient information management systems.

4.7 Race (this includes ethnic or national origins, colour or nationality)

For all areas, the predominant race is White British, and the proportion of white patients using Trust services is lower than that of the local population.

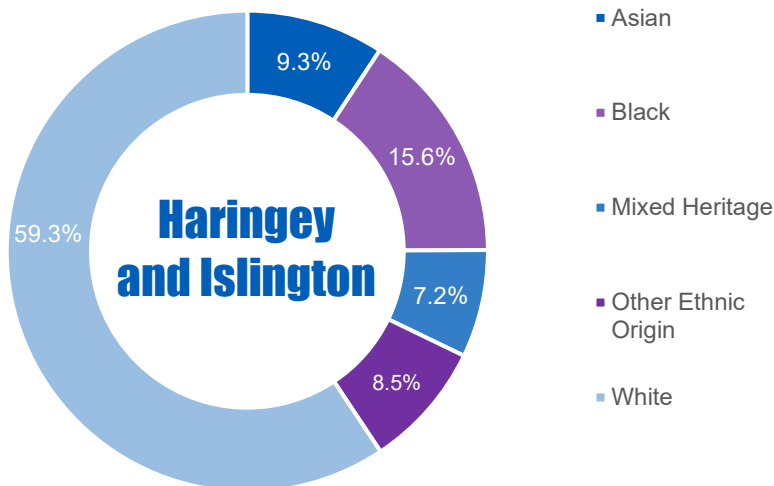


Chart B10 (left) shows the representation of ethnic categories in the local population of Haringey and Islington. The local demographic data will help aid comparison when looking at the use of Trust services by patients.

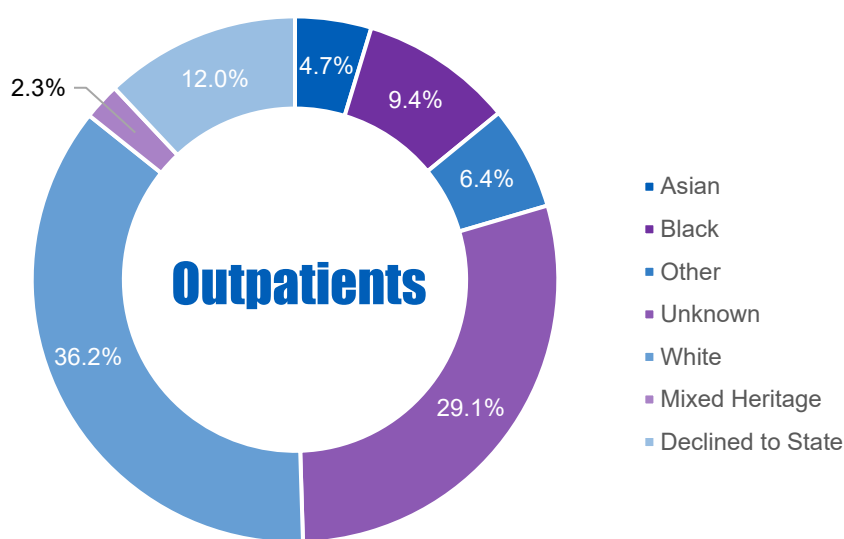


Chart B11 (left) represents patients who attended outpatient services broken down by ethnic categories. Overall, the largest groups to have attended inpatient services are White, followed by patients whose ethnic category is unknown.

When comparing to the local population of Haringey and Islington, there is a lower representation in most groups using outpatient services.

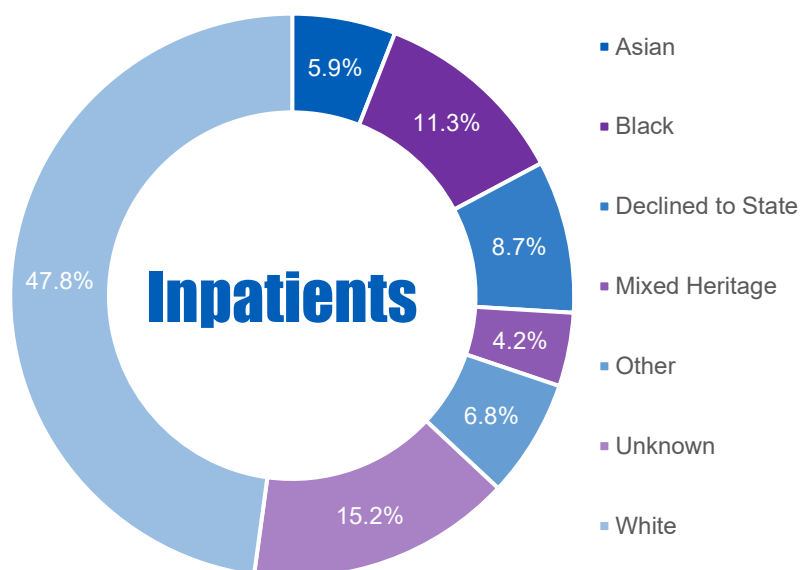


Chart B12 (left) represents patients who attended inpatient services broken down by ethnic categories. The largest groups to use inpatient services are White and patients whose ethnicity is unknown.

Compared to the local population of Haringey and Islington, most groups have a lower representation of all groups in inpatient services.

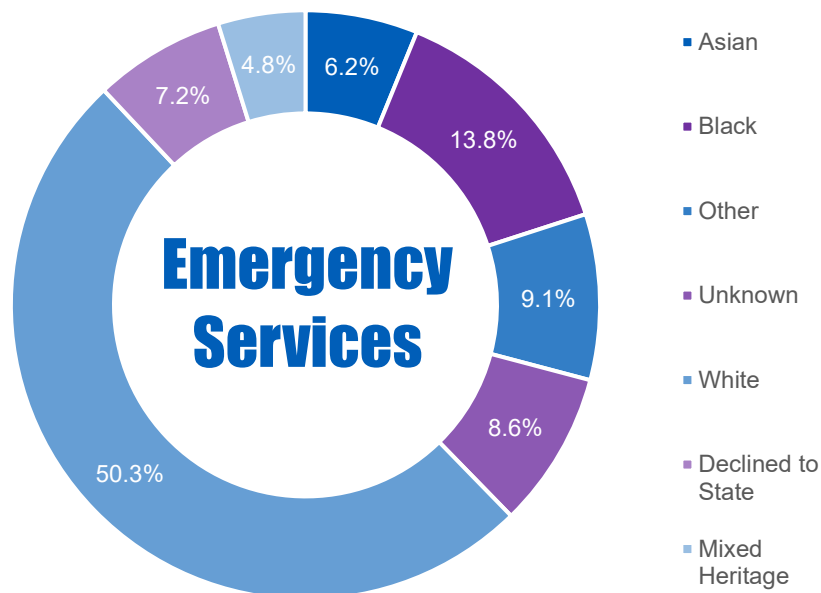


Chart B13 (left) represents patients using emergency services at the Trust. The largest groups to use these services are White and Black patients.

Compared to the local population, most groups have a lower representation; the exception is patients in the 'other' category, where there is a greater representation.

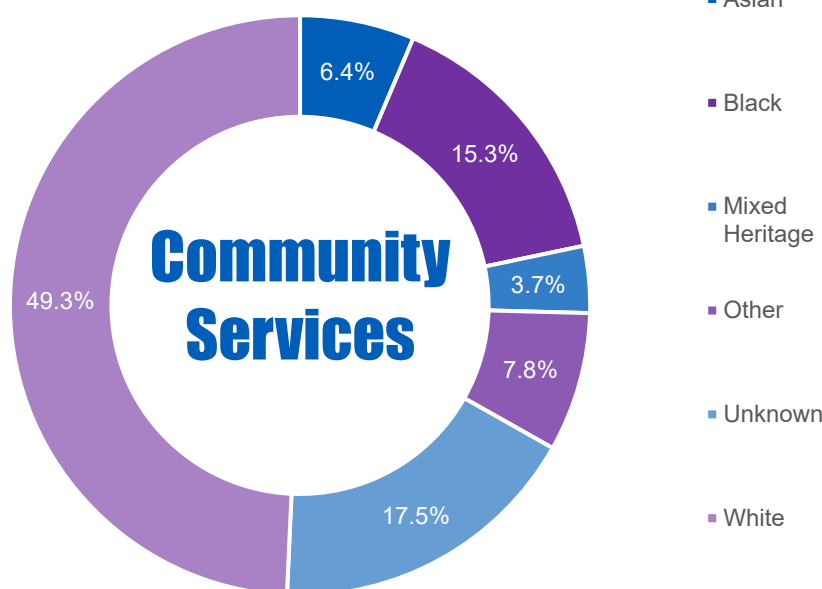


Chart B14 (left) represents patients using community services at the Trust. Overall, the largest groups to use these services are White, Black, and patients whose ethnic category is unknown.

Compared to the local population, most groups have a lower representation; the exception is for Black patients who are broadly in line.

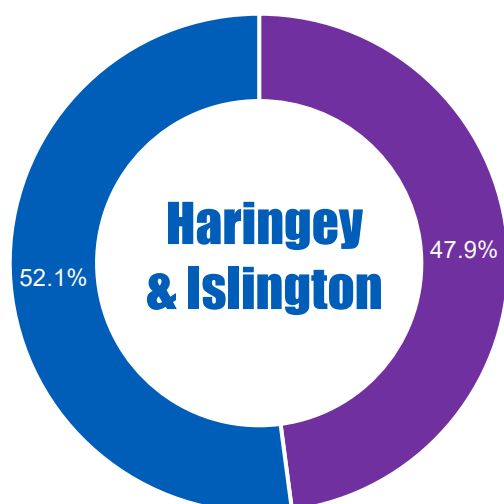
4.8 Religion or belief

It is difficult to comment accurately on patients' religion or belief representation, as over 50% of patients' demographic data in all services is unknown. Where religion or belief is known, 10-20% register as having no religion, and 11-17.5% are Christian or of a Christian denomination. Patients with 50 different religions or beliefs attended Whittington Health last year. Religion or belief information is not routinely collected on Rio, the system used in community services.

Table BT1 (overleaf) shows the limited data available from the service use of patients at the Trust. Items highlighted in purple identify a greater representation than the local population.

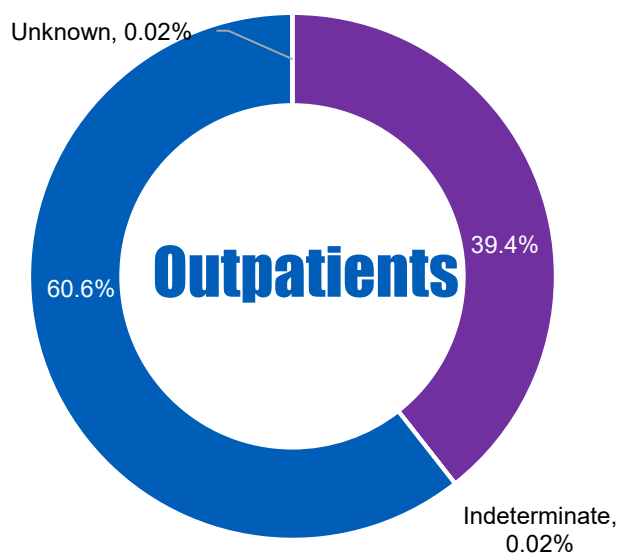
Religion	Haringey and Islington	Outpatients	Inpatients	Emergency Services
Buddhist	0.9%			
Christian	37.2%	11.5%	17.0%	13.6%
Declined to specify	7.9%	2.2%	2.1%	2.5%
Hindu	1.2%			
Jewish	2.5%		1.3%	
Muslim	12.3%	4.4%	5.3%	5.9%
No Religion	35.8%	9.3%	12.2%	20.3%
Other	1.9%	3.3%	2.3%	2.7%
Sikh	0.3%			
Unknown		69.3%	59.9%	55.0%

4.9 Sex



■ Male ■ Female

Chart B15 (left) shows the representation of sex in the local population of Haringey and Islington.



■ Male ■ Indeterminate ■ Female ■ Unknown

Chart B16 (left) represents the sex of patients using outpatient services. Overall, there are more women than men who have attended outpatient appointments.

Compared to Haringey and Islington's local population, more women and fewer men attend outpatient services.

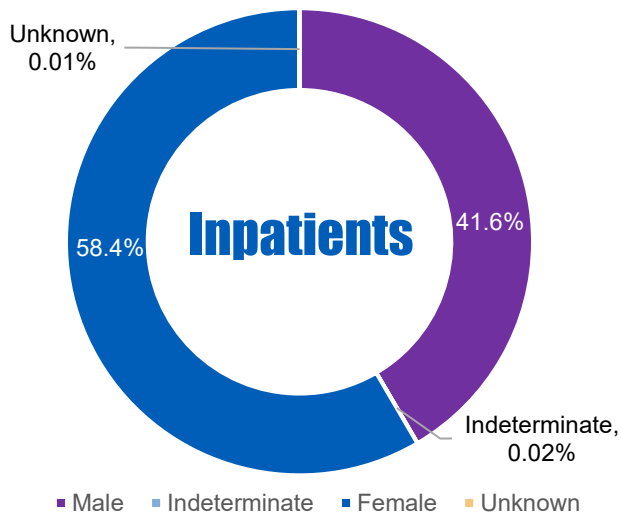


Chart B17 (left) represents the sex breakdown in patients attending inpatient services at the Trust.

Compared to Haringey and Islington's local population, more women and fewer men attend outpatient services.

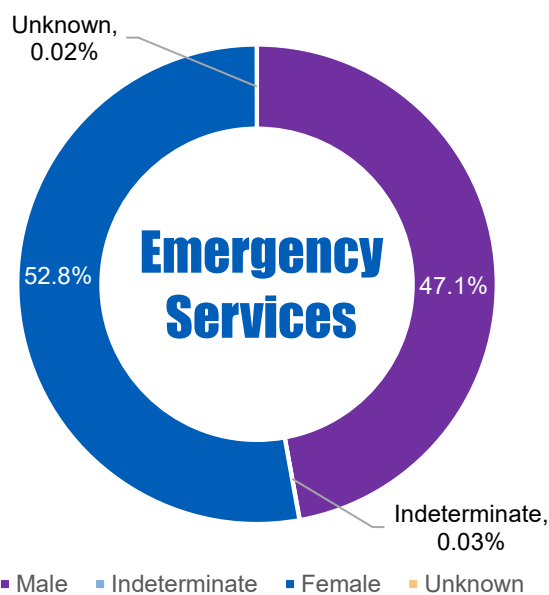


Chart B18 (left) represents the sex breakdown in patients attending emergency services at the Trust.

Compared to the local population of Haringey and Islington, the representation is broadly similar for male and female patients.

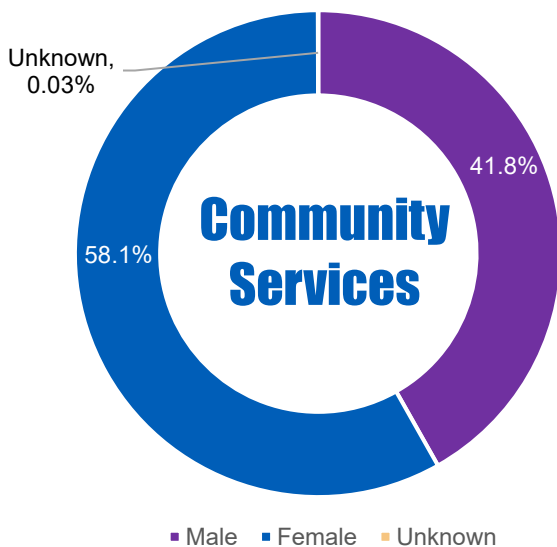


Chart B19 (left) represents the sex breakdown in patients attending community services at the Trust.

Compared to the local population of Haringey and Islington, the representation there is proportionally more female and fewer male patients.

4.10 Sexual orientation

This information is not routinely collected through Medway or Rio, our patient information management systems.

5. Friends and Family Test

The Friends and Family Test measures patient satisfaction with their experiences of using our services. The survey explores different aspects of patients' experience of using Trust services. At present, it is not possible to break down the responses to questions by protected characteristics. Still, it is possible to provide a profile for overall responses.

5.1 Community Services

A total of 2,973 responses were received during 2022/23 that relate to patients' experiences of community services for question one (patients do not have to answer all the questions).

Q1. Overall, how was your experience of our service?

- 2,294 patients said it was very good
- 519 patients said it was good
- 72 patients said it was neither good nor poor
- 42 patients said it was poor
- 46 patients said it was very poor

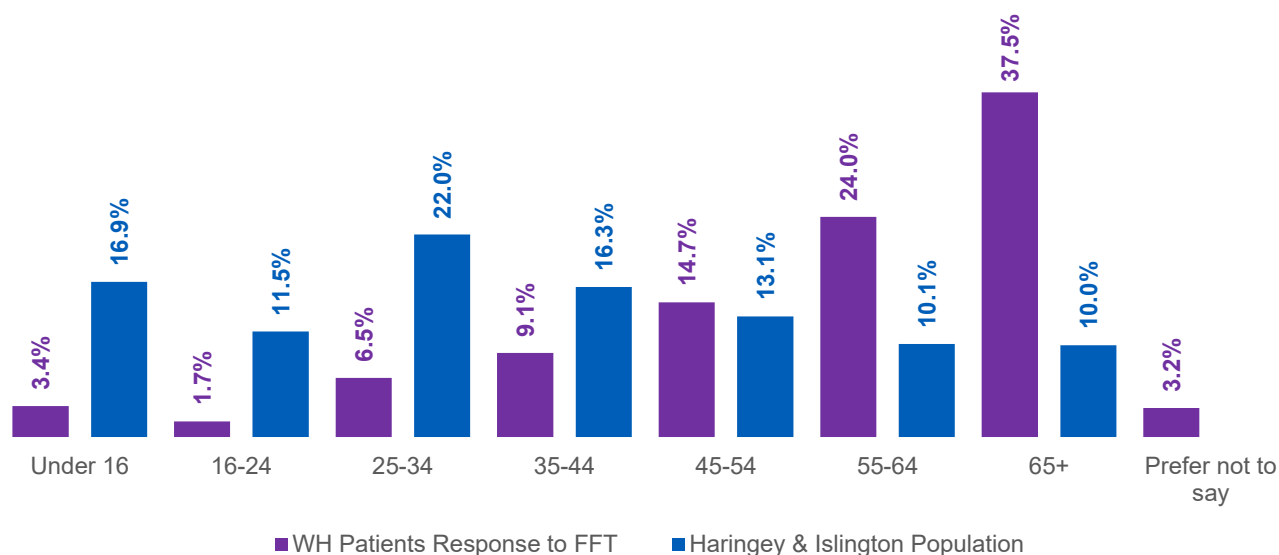
Table BT2 (below) shows the breakdown of questions in the FFT for community services.

Questions	Yes	No
Q2. Was I, or my carer, involved as much as we wanted to be in the decision about my or my child's care/treatment?	2,336	123
Q3. I felt I was treated with kindness and compassion.	2,669	61
Q4. I have confidence and trust in the staff treating/caring for me or my child.	2,597	77
Q5. I was given enough information about the service and/or who to contact if I needed to	2,494	157

Demographic Breakdown of patients who answered the survey:

Age:

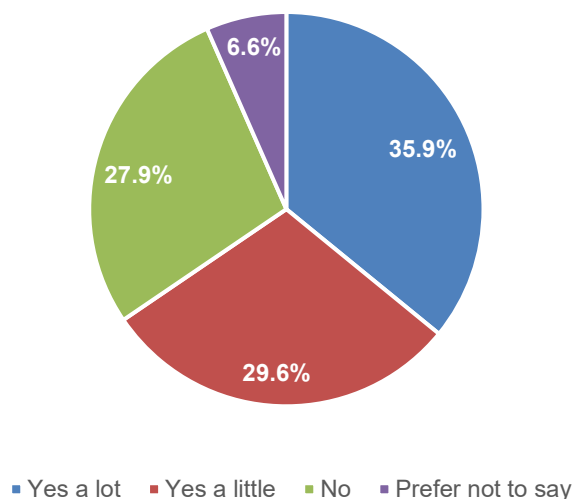
Chart B20 – represents responses to the FFT Survey compared to the local population by age.



Disability:

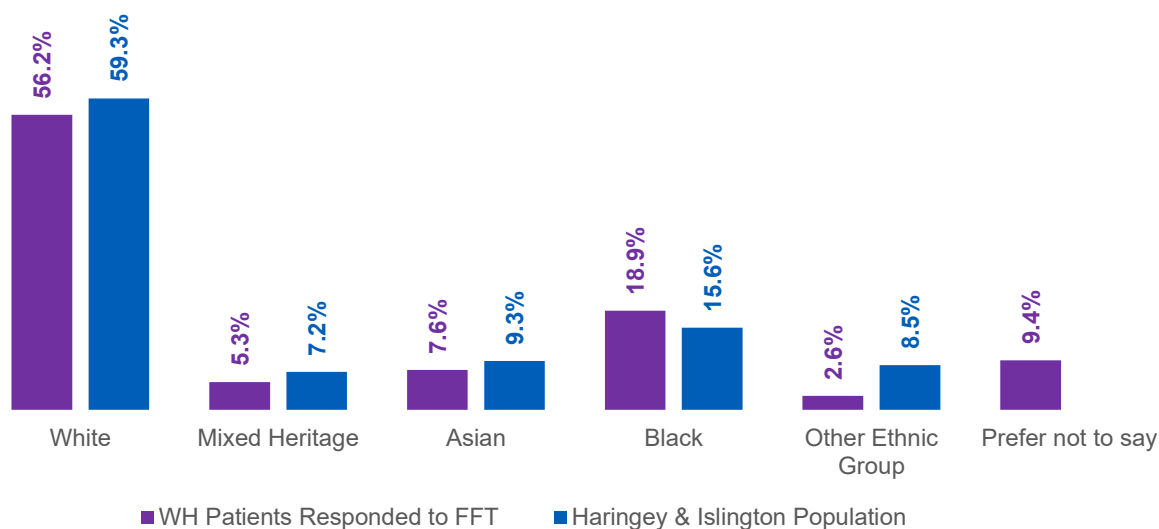
The question, “Are your day-to-day activities limited because of a health problem or disability that has lasted, or is expected to last, at least 12 months?” This aligns with the 2011 Census. With the change to the disability question in the 2021 Census, it is not possible to provide an accurate comparison with the data from the FFT.

Chart B21 – represents responses to the FFT Survey by disability.



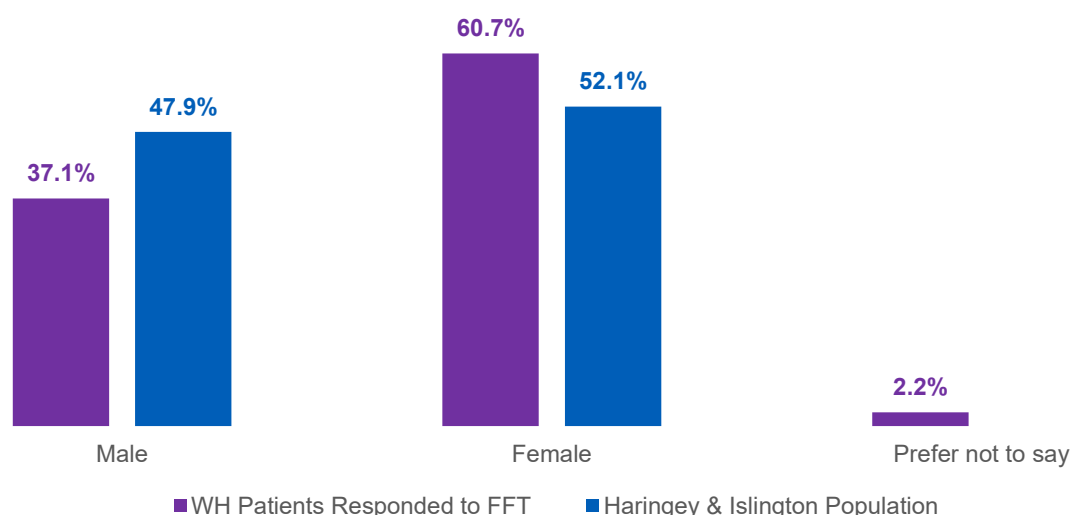
Ethnicity:

Chart B22 – represents responses to the FFT Survey compared to the local population by ethnicity.



Sex:

Chart B23 overleaf represents responses to the FFT Survey compared to the local population by sex.



5.2 Inpatient Services

A total of 3,799 responses were received during 2022/23 that relate to patients' experiences of inpatient services for question one (patients do not have to answer all the questions).

Q1. Overall, how was your experience of our service?

- 3001 patients said it was very good
- 660 patients said it was good
- 89 patients said it was neither good nor poor
- 13 patients said it was poor
- 16 patients said it was very poor
- 20 patients said they didn't know

Table BT3 – breakdown of answers to questions for the FFT Survey in inpatient surveys.

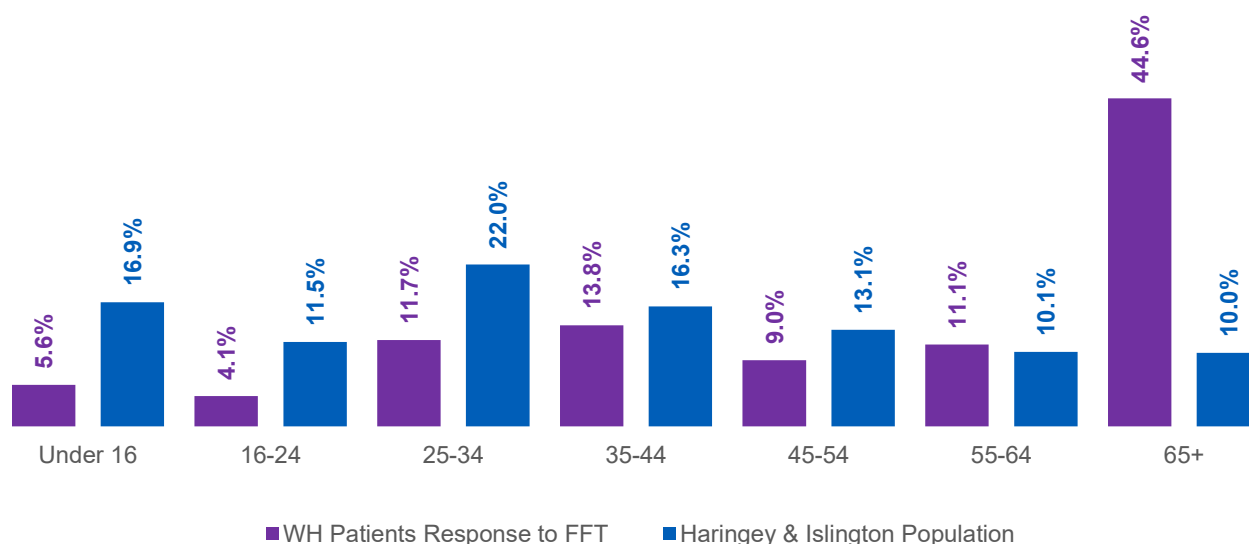
Questions	Strongly Agree	Agree	Disagree	Strongly Disagree
Q2. I feel I was treated with kindness and compassion	686	298	1	0
Q3. I was involved as much as I wanted to be in decisions about my care	681	290	9	1
Q4. I feel I was given enough privacy when discussing my condition and treatment	689	291	2	0
Q5. My medicines and possible side effects were explained to me	652	317	8	2
Q6. Doctors talked in front of me as if I was not there	18	35	264	655
Q7. Nurses talked in front of me as if I was not there	23	39	251	636
Q8. I had confidence and trust in the doctors treating me	704	276	3	3
Q9. I had confidence and trust in the nurses treating me	690	289	6	1
Q10. I was able to find somebody to talk to about my worries and fears	656	305	12	1

Questions	Strongly Agree	Agree	Disagree	Strongly Disagree
Q11. The nurses provided answers to my questions that I was able to understand	649	313	8	1
Q12. I have been given the name of a person to contact if I am worried or have a problem after leaving the ward	Yes: 866 No: 51			
Q13. I was given enough help to eat my meals	623	303	11	5
Q14. I was happy with the quality and choice of food	903	634	118	41
Q15. I was bothered by noise at night	73	323	763	532
Q16. Was the noise at night from	<ul style="list-style-type: none"> • Staff: 13 • Patients: 97 • Others: 66 			
Q17. Please rate the cleanliness of the ward	<ul style="list-style-type: none"> • Excellent: 754 • Good: 210 • Fair: 21 • Poor: 2 • Very Poor: 1 			
Q18. During my appointment/stay, I feel I was unfairly treated for any of the following	<ul style="list-style-type: none"> • None: 824 • Don't know: 42 • Gender: 4 • Another reason: 3 • Racial/Ethnic Background: 2 			

Demographic breakdown of patients who answered the survey:

Age:

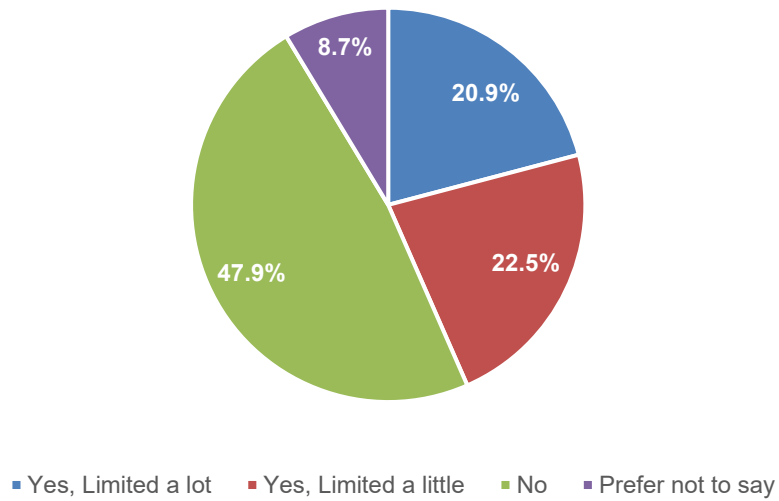
Chart B24 – represents responses to the FFT Survey compared to the local population by age.



Disability:

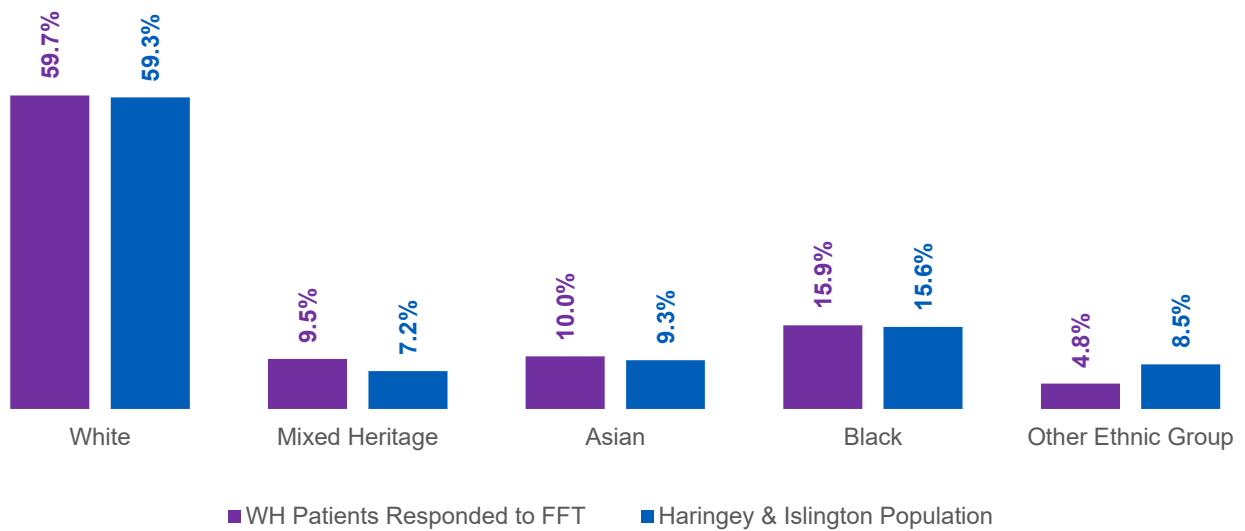
The question asked is, 'Are your day-to-day activities limited because of a health problem or disability that has lasted, or is expected to last, at least 12 months?' This question aligns with the 2011 Census. With the change to the disability question in the 2021 Census, it is not possible to provide an accurate comparison with the data from the FFT.

Chart B25 overleaf represents responses to the FFT Survey by disability.



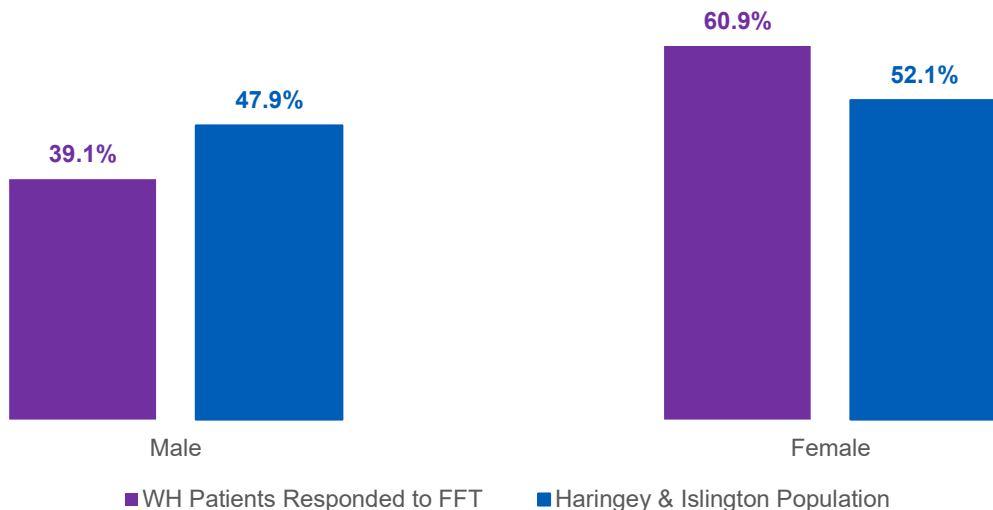
Ethnicity:

Chart B26 – represents responses to the FFT Survey compared to the local population by ethnicity.



Sex:

Chart B27 – represents responses to the FFT Survey compared to the local population by sex.



5.3 Outpatient Services

A total of 3,799 responses were received during 2022/23 that relate to patients' experiences of inpatient services for question one (patients do not have to answer all the questions).

Q1. Overall, how was your experience of our service?

- 619 patients said it was very good
- 96 patients said it was good
- 15 patients said it was neither good nor poor
- 33 patients said it was poor
- 43 patients said it was very poor

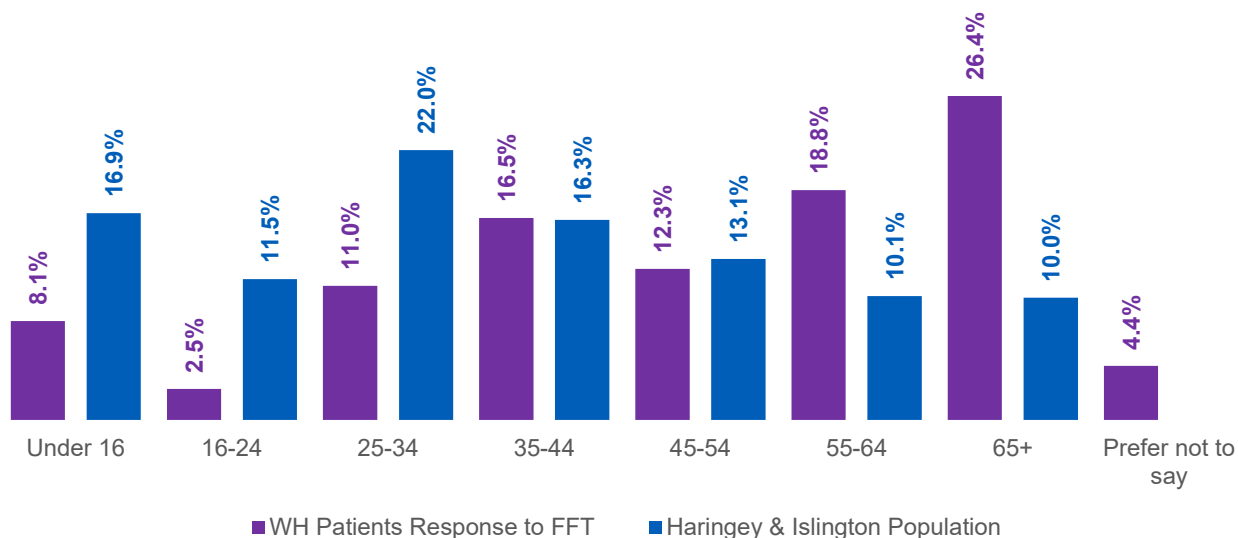
Table BT4 – breakdown of responses from FFT Survey in outpatient services.

Q2. When you arrived at the Outpatients Department, how would you rate the courtesy of the Receptionist?	<ul style="list-style-type: none"> • Excellent: 237 • Good: 124 • Fair: 34 • Poor: 5 • Very poor: 8
Q3. Were you told how long you would have to wait?	<ul style="list-style-type: none"> • Yes, but the wait was shorter: 101 • Yes, and I had to wait about as long as I was told: 59 • Yes, but the wait was longer: 8 • No, I was not told: 201
Q4. In your opinion, how clean was the Outpatients Department?	<ul style="list-style-type: none"> • Very clean: 258 • Fairly clean: 120 • Not very clean: 13 • Not at all clean: 7
Q5. Did the doctor explain the reasons for any treatment or action in a way that you could understand?	<ul style="list-style-type: none"> • Yes, completely: 303 • Yes, to some extent: 31 • No: 13
Q6. If you requested an interpreter for your appointment in the Outpatients Department, was there someone who could interpret for you?	<ul style="list-style-type: none"> • Yes, face-to-face: 18 • Yes, a telephone interpreter: 1 • No: 36
Q7. Were you given enough privacy when being examined or treated?	<ul style="list-style-type: none"> • Yes, definitely: 333 • Yes, to some extent: 53 • No: 9
Q8. Were you involved as much as you wanted to be in decisions about your care and treatment?	<ul style="list-style-type: none"> • Yes, definitely: 335 • Yes, to some extent: 45 • No: 28
Q9. Before you left the Outpatients Department, were you told what would happen next (e.g., whether you needed another outpatient appointment to see your GP, etc.)?	<ul style="list-style-type: none"> • Yes: 348 • No: 36
Q10. Overall, did you feel you were treated with respect and dignity while you were at the Outpatients Department?	<ul style="list-style-type: none"> • Yes, all of the time: 360 • Yes, some of the time: 29 • No: 13

Demographic Breakdown of patients who answered the survey:

Age:

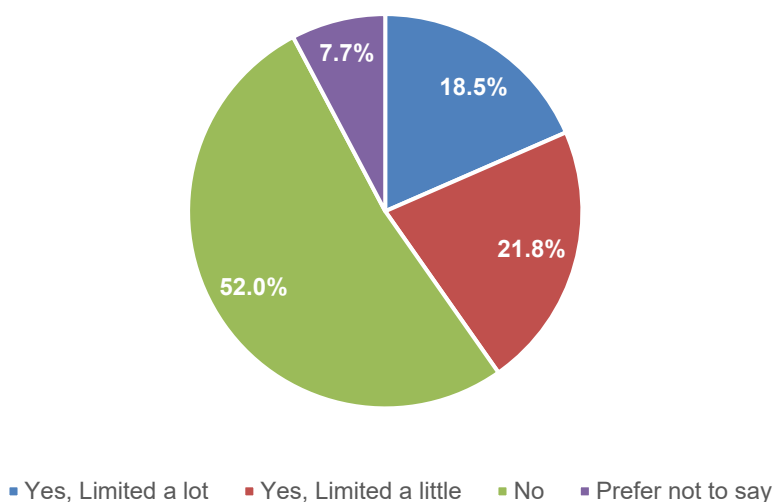
Chart B28 – represents responses to the FFT Survey compared to the local population by age.



Disability:

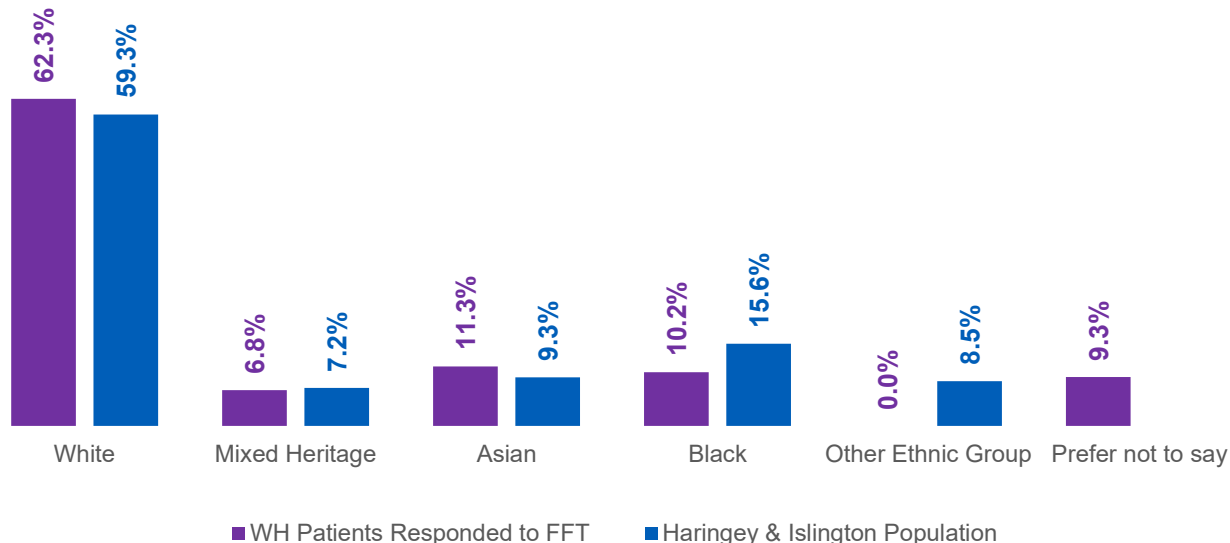
The question asked is, 'Are your day-to-day activities limited because of a health problem or disability that has lasted, or is expected to last, at least 12 months?' This question aligns with the 2011 Census. With the change to the disability question in the 2021 Census, it is not possible to provide an accurate comparison with the data from the FFT.

Chart B29 overleaf – represents responses to the FFT Survey by disability.



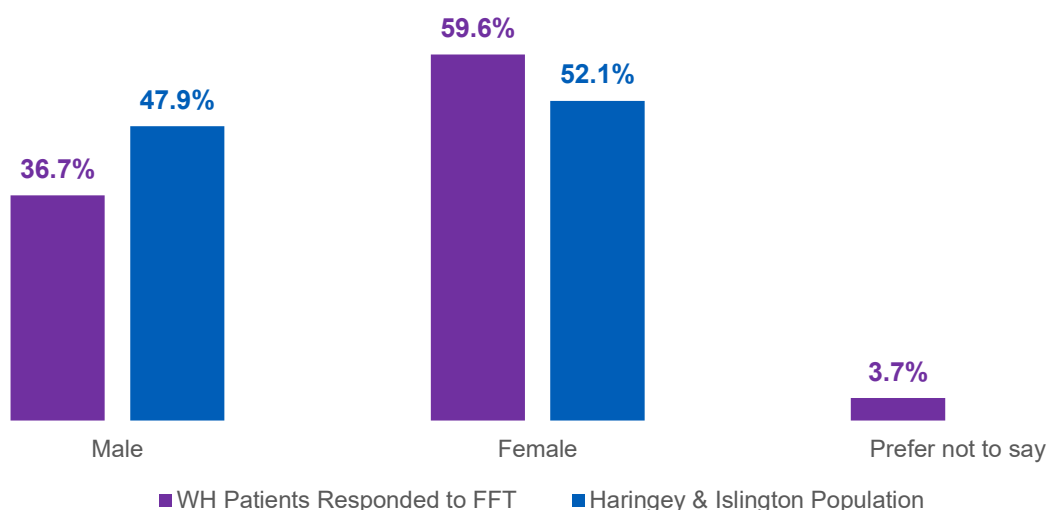
Ethnicity:

Chart B30 – represents responses to the FFT Survey compared to the local population by ethnicity.



Sex:

Chart B31 – represents responses to the FFT Survey compared to the local population by sex.

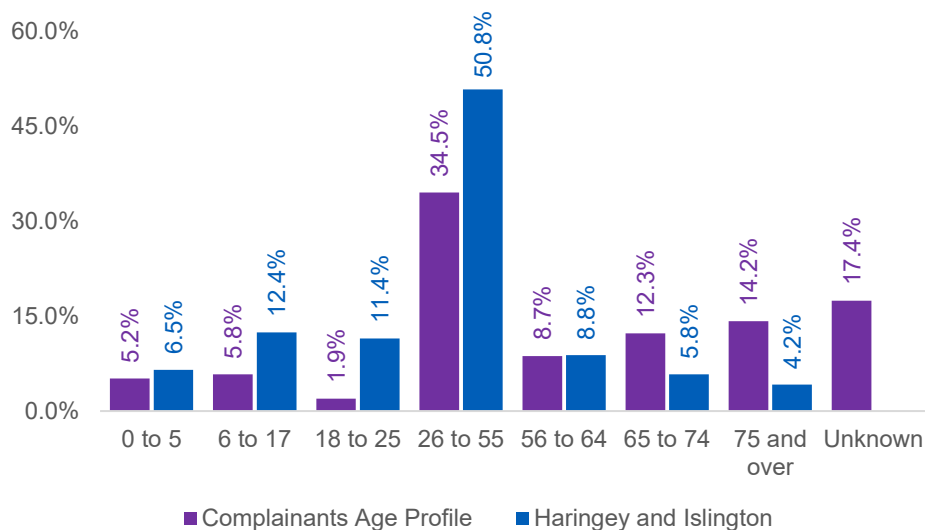


6. Complaints and Concerns Raised with Patient Advice and Liaison Service

Complaints and concerns are essential types of feedback that allow the Trust to make improvements for individual patients and our services. We can only provide a demographical breakdown for age, ethnicity, and sex; there are too many unknown disability statuses to provide useful analysis.

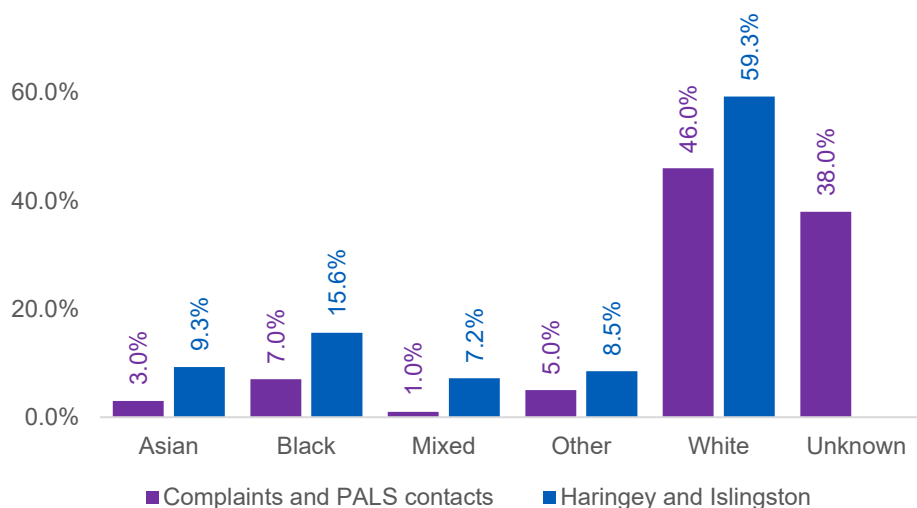
6.1 Age

Chart B32 overleaf shows the age profile of complainants compared to the local population.



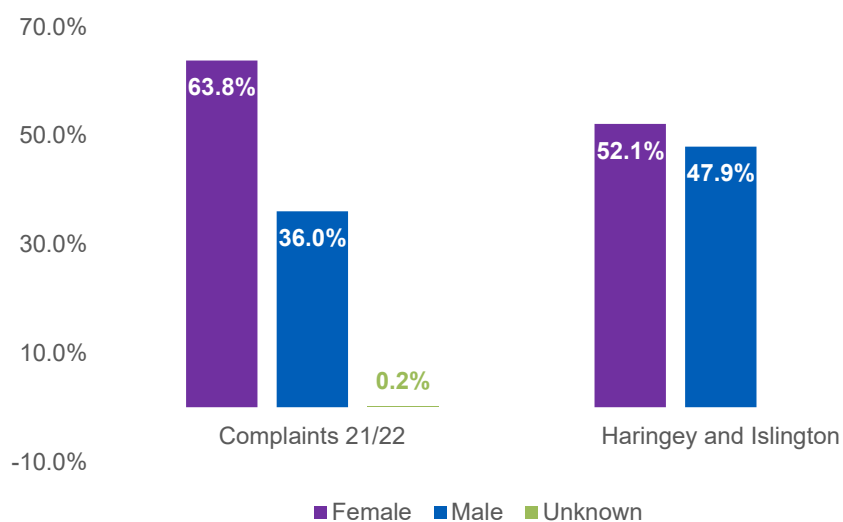
6.2 Race (this includes ethnic or national origins, colour or nationality)

Chart B33 – represents the ethnicity profile of complainants compared to the local population.



6.3 Sex

Chart B34 – represents the sex profile of complainants compared to the local population.



7. Patient language and communication services

The trust uses interpreter and translation services to meet our diverse patient base's language and communication needs across all sites. The Trust has access to a range of in-house interpreters that meet most of the interpreting requests. Where the in-house interpreters cannot meet a request, requests are sent to the external provider, The Big Word, to meet.

During 2022/23, the top ten languages used throughout our acute and community services were:

1. Turkish
2. Spanish
3. Arabic
4. Bengali
5. Albanian
6. Somali
7. Polish
8. Portuguese
9. Farsi
10. British Sign Language

8. Summary of observations from patient data

8.1 Age

For most of our services, the greatest representation is from patients aged 0-10 and 20-70; in outpatient services, the greatest representation is from patients aged 20-70. Compared to the local demographics, there is a greater presentation of patients aged 40+; for inpatient, emergency and community services, there is a greater representation of patients aged 0-10 and 60+.

As the patient satisfaction data is not broken down by protected characteristics (just an overall picture of those who have responded), it is impossible to identify experiential trends by age group. In community services, there is a staggered increase of respondents to the Friends and Family Test (FFT) survey from patients aged 25+. However, most of the feedback has been received from patients aged 55+. Compared to the local demographic, there are proportionally more responses from patients aged 45+.

In inpatient services, most patient feedback to the FFT is from patients aged 55+; compared to the local demographic, there is a broadly equal representation from respondents aged between 35-64 but greater in patients aged 65+.

In outpatient services, there is a staggered increase in patients aged 35+ who responded to the FFT survey. The group that provided the most feedback are aged 65+, and the majority of feedback was received from patients aged 35+. Compared to the local demographic, there is a broadly equal representation of patients aged 35-54 and a greater representation of patients aged 55+.

There is a staggered increase in complaints received from patients in groups aged 56+; however, most of the complaints received are from patients aged 26-55. Compared to the local demographics, complainants aged 55+ are represented in the complaints process in equal or greater proportion.

8.2 Disability

Data collection appears not to be routinely collected in many factors that relate to the patient journey in all Trust services.

Responses to questions relating to the Friends and Family Test (FFT) survey are not broken down by disability status; it is, therefore, impossible to provide any analysis of the experiences of disabled patients. However, the FFT can be broken down by the overall responses to the FFT survey by disability.

The questions on the FFT about disability status are based on the 2011 Census and, therefore, not directly compatible with the 2021 Census. Some people in the 'Yes, a little' category may be disabled, but there is no way of identifying the appropriate proportion. So only those who stated 'Yes, a lot' are considered disabled for this analysis.

In community services, a greater proportion of patients who are disabled responded to the FFT survey compared to the local demographic (over twice as many).

In inpatient and outpatient services, there is a slightly higher proportion of disabled patients who have responded to the FFT survey compared to the local demographics.

There is no data relating to the disability status of patients that raised concerns and complaints.

8.3 Gender reassignment

Data is not collected for this protected characteristic related to the patient journey in all Trust services.

8.4 Marriage and civil partnership

In inpatient and emergency services, there is a greater representation of patients who are married or in a civil partnership using Trust services than the local demographic. In outpatient services, there is a slightly lower proportion.

The Friends and Family Test survey and complaints data are not broken down by marriage and civil partnership; as such, it is not possible to provide any analysis for this protected characteristic.

8.5 Pregnancy and maternity

Due to the lack of data collected for this protected characteristic, it is not possible to provide commentary on service use for this group.

8.6 Race (this includes ethnic or national origins, colour or nationality)

Most Trust patients who use services are white, followed by Black and those whose ethnicity is unknown. Compared to the local demographic, most ethnic groups are underrepresented in service use data. However, in emergency services, there is a greater representation of patients from 'other' ethnic groups and Black in community services.

Friends and Family Test (FFT) survey responses are not broken down by ethnicity groups, so it is impossible to analyse patients' experiences by ethnicity groups. However, the number of responses does record the patient's ethnicity. Information about ethnicity has now been expanded to include White or White British Mixed, Asian or Asian British, Black or Black British, Chinese or other ethnic groups and prefer not to say, which will be available in the next Public Sector Equality Duty Report.

In community services, most responses to the FFT survey are from White and Black patients. Compared to the local demographic, there is a higher proportion of Black patients responding to the FFT, a broadly equal of white and lower of all other known ethnicity categories.

In inpatient services, most respondents to the FFT survey were white patients. Compared to the local demographic, there is a greater representation of mixed heritage patients responding to the survey, a lower of patients from the 'other' group and broadly equal from all remaining groups. In outpatient services, most responses from the FFT survey were from white patients. Comparing the FFT survey responses to the local demographic, there is a greater representation of white and Asian patients, a broadly equal or mixed heritage and a lower of Black and 'other' groups.

White patients and patients whose ethnicity is unknown are most likely to make a complaint. Compared to the local demographic, this is a lower representation of all ethnic groups in the complaints process. Still, nearly 40% of patients' ethnicity is unknown, which masks the actual levels of representation of ethnicity in the complaints process.

8.7 Religion or Belief

The level of patients where religion or belief is unknown is exceptionally high in all services (circa 60%); providing a meaningful representation analysis is impossible.

Religion or beliefs are not collected or monitored in the Friends and Family Test survey responses and the complaints process.

8.8 Sex

Female patients are the main users of Trust patient services compared to the local demographic; in inpatient, emergency and community services, there is a broadly equal representation of men/women patients using those services and a slightly lower representation of males and slightly higher of females in outpatient services.

In the Friends and Family Test survey (all services) and complaints process, female patients are more represented than male patients. Compared to the local demographic, female patients are more represented than males in Trust processes.

8.9 Sexual Orientation

Data is not collected for this protected characteristic related to the patient journey in all Trust services.

8.10 Actions to Improve Equity for Patients

Table BT5 – Summary of actions to help improve equity for patients

Number	Action	Responsibility	Completion
1	Through the Data Quality and Business Intelligence Group (DQBIG), the Information Team will help surface data quality issues related to inclusion within the clinical systems. The Information Team will also further develop the Data Quality Dashboard to monitor the data quality used for equality monitoring.	Information Team	January 2024
2	The Trust's Information Team will continue to support related ad-hoc requests and offer analysis and insights aimed at improving inclusion for our patient population.	Information Team	Ongoing
3	As part of the Power Business Intelligence Development Project, the Information Team is developing, alongside several dashboards, an Equality/Equity Dashboard that will aim to cover the majority of requirements around inclusion reporting.	Information Team	January 2024
4	Our Patient Systems Team continues to work with system partners to include any missing required sections that would allow the capture of equality related data.	Patient Systems Team	Ongoing

Number	Action	Responsibility	Completion
5	Challenges around data quality of equality data will be raised, and possible solutions will be discussed at the Data Quality and Business Intelligence Group.	Data Quality and Business Intelligence Group	Ongoing

C. Workforce



9. Workforce Representation

The following information is displayed in order of protected characteristics.

9.1 Age

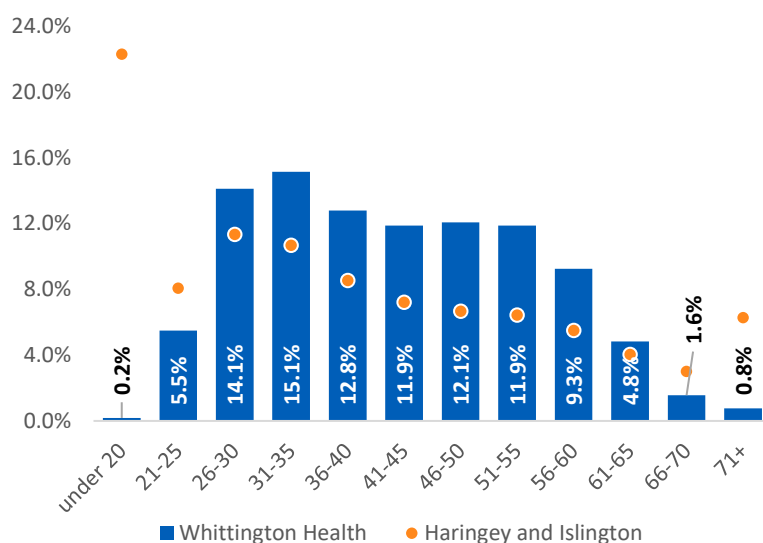
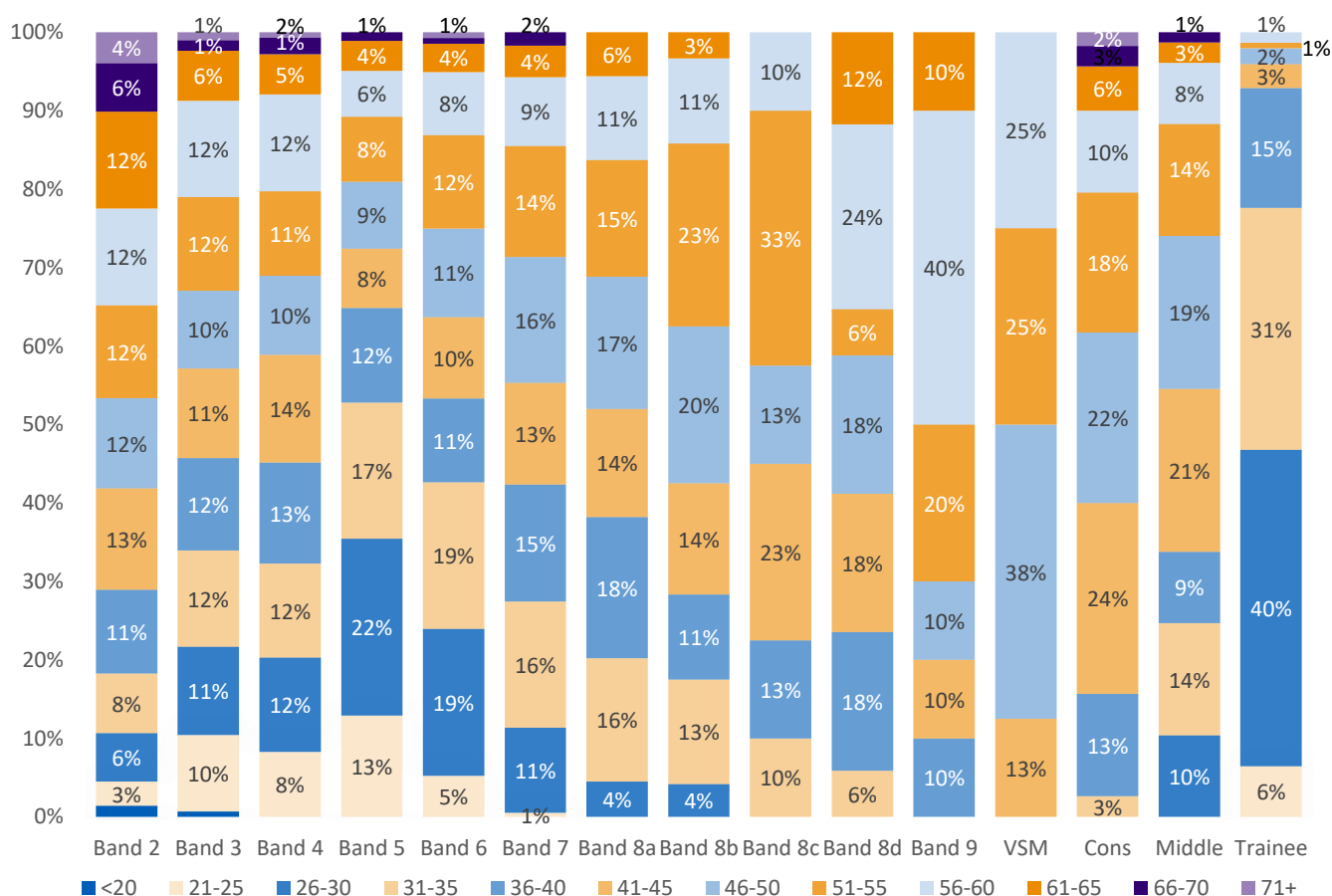


Chart C1 (left) shows the age profile of the Trust's workforce and the profile of residents of Haringey and Islington.

The chart shows the biggest proportion of the workforce is aged between 26-55; each category represents 12-15% of staff. The chart also demonstrates that the Trust has a good representation of staff aged 26-65 compared to the local population. There is also a lower representation of staff aged 21-25 and 66+ compared to the local population.

Chart C2 (below) shows the breakdown by pay band of the Trust's workforce by age.



Pay band or grade.	Age groups that have the highest representation in pay band or grade
Band 2	36-65
Band 3	26-60
Band 4	26-60
Band 5	21-40
Band 6	26-55
Band 7	31-55
Band 8a	31-55
Band 8b	41-55
Band 8c	41-55
Band 8d	36-50 and 56-60
Band 9	51-60
VSM	46-60
Medical – consultants	41-55
Medical – middle grade	41-55
Medical - trainee	26-35

Table CT1 (left) highlights what age groups have the greatest representation of pay bands and grades.

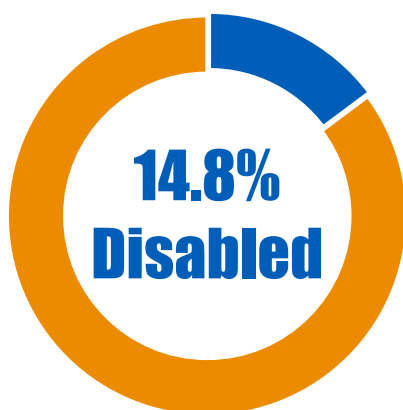
Typically, we will see the greatest concentration of younger workers in bands 2-6 and medical trainee roles.

Older workers have high levels of representation in bands 2-7, some senior roles (8d and 9), and there is also fair representation in medical consultant roles.

Table CT2 (below) compares the representation of the age group in the workforce to the actual representation in the band/grade. Higher means greater than workforce representation, lower representation is lower than workforce representation, and equal representation is equal to workforce representation.

Age group	Higher or Equal representation	Lower representation	No representation
<20	Bands 2 and 3		All other bands and grades
21-25	Bands 3-6, medical- trainee	Bands 2 and 7	Bands 8a-9, VSM and medical consultants/middle
26-30	Bands 5-6, medical middle and other	Bands 2-4, 7-8b.	Bands 8c-9, VSM and medical consultants
31-35	Bands 5-8a and medical trainee	Bands 2-4, 8b-d and medical consultants/middle	Band 9 and VSM
36-40	Bands 7-8a, 8d and all medical consultants/trainees	Bands 3, 5 and 6	VSM
41-45	Bands 2, 4, 7-8d, VSM medical consultant/middle	Bands 3, 5, 6, 9 and medical trainee	
46-50	Bands 7-8d, VSM and medical consultants/middle	Bands 2-6, 9 and medical trainee	
51-55	Bands 2-3, 6-8c, 9, VSM, medical consultants/middle	Bands 4-5, 8d and medical trainee	
56-60	Bands 2-4, 8a-9, VSM and medical consultants	Bands 5-7 and medical middle/trainee	
61-65	Bands 2-4, 8a, 8d-9 and medical consultants	Bands 5-8b and medical - other	VSM and medical trainee
66-70	Bands 2, 4, 7 and medical consultants	Bands 3, 5-6 and medical middle.	Bands 8a-9, VSM and medical trainee
71+	Bands 2-3 and medical consultants	Bands 4 and 6	All other bands and grades

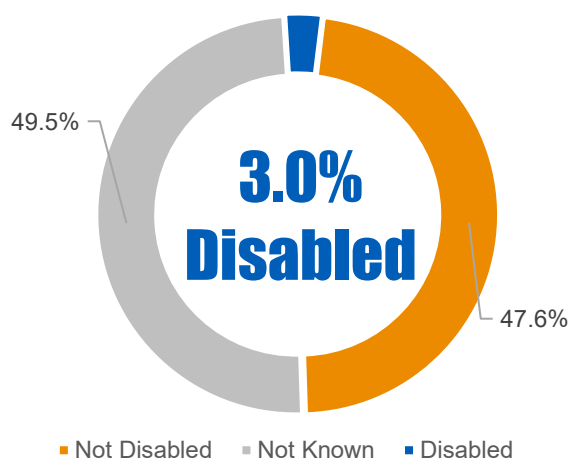
9.2 Disability



- Disabled under the Equality Act 2010
- Not Disabled under the Equality Act 2010

Chart C3 (left) represents the local population of Haringey and Islington by disability taken from the 2021 census.

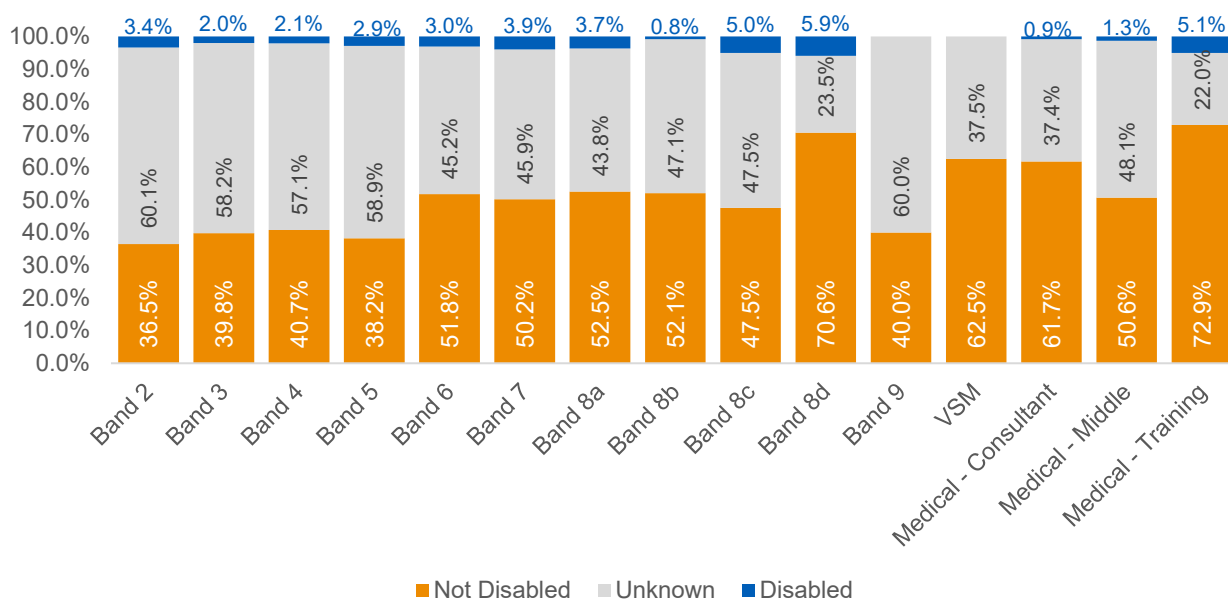
14.8% of the population have a disability.



- Not Disabled
- Not Known
- Disabled

Chart C4 (left) represents the Trust's workforce. 3.0% of staff have declared a disability; this has increased by 0.5% since last year. One of the Trust's priorities is to improve the data on the Electronic Staff Records system about diversity data, as 49.5% of the workforce's disability status is unknown.

In the 2022 NHS Staff Survey, 18.6% of respondents highlighted that they have a disability. This means there is a 15.6% difference between the NHS Staff Survey and local ESR data.



- Not Disabled
- Unknown
- Disabled

Chart C5 (above) shows the pay bands and grades broken down by disability status. There needs to be more disclosed data to draw firm and accurate conclusions.

However, from the available data, when comparing disabled staff in pay bands and groups compared to overall workforce representation, we can see that:

- In bands 3, 4, 5, 8b and medical consultants and middle grades, there is a lower-than-expected representation of staff with disabilities.
- In bands 2, 6, 7, 8a, 8c, 8d and medical training grades, there is a higher-than-expected representation of staff with disabilities.
- There is no representation of staff with disabilities in band 9 and VSM grades.
- There is a high level of staff whose disability status is either unknown or elected not to share their status throughout the pay bands and grades.

9.3 Gender reassignment

In Haringey and Islington, 1.1% of the population identified that they are from transgender/trans communities in the 2021 census; this equates to 4,428 people.

Nationally, it is impossible to record gender reassignment/identity on Electronic Staff Records; this is currently under review. Until national updates are made to the ESR system, reporting on this protected characteristic will not be possible.

9.4 Marriage and civil partnership

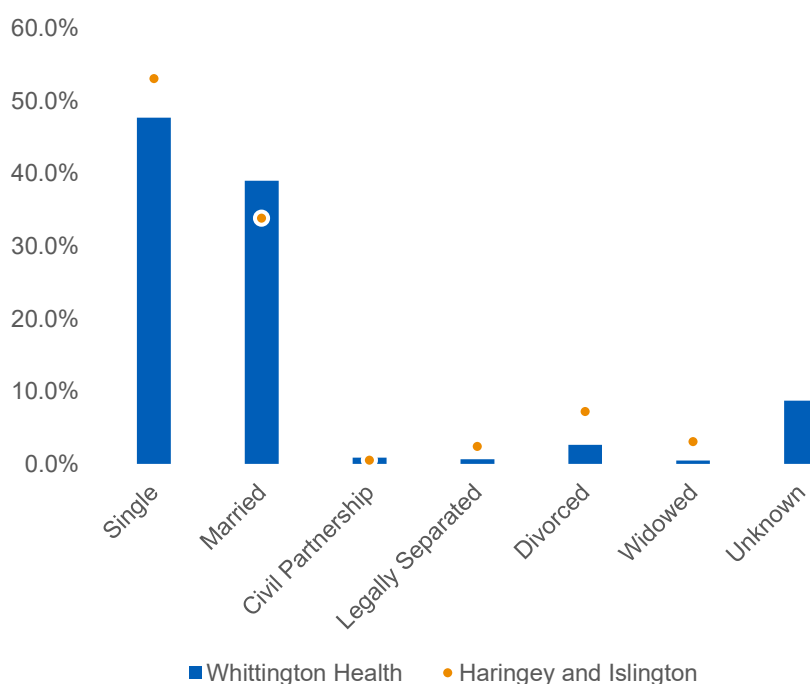


Chart C6 (left) shows the Trust's workforce broken down by marital status compared to the residents of Haringey and Islington.

The Trust's workforce has proportionally more staff that are married or in a civil partnership than the local population. All other categories (except unknown) have a greater representation in the local community than in the workforce.

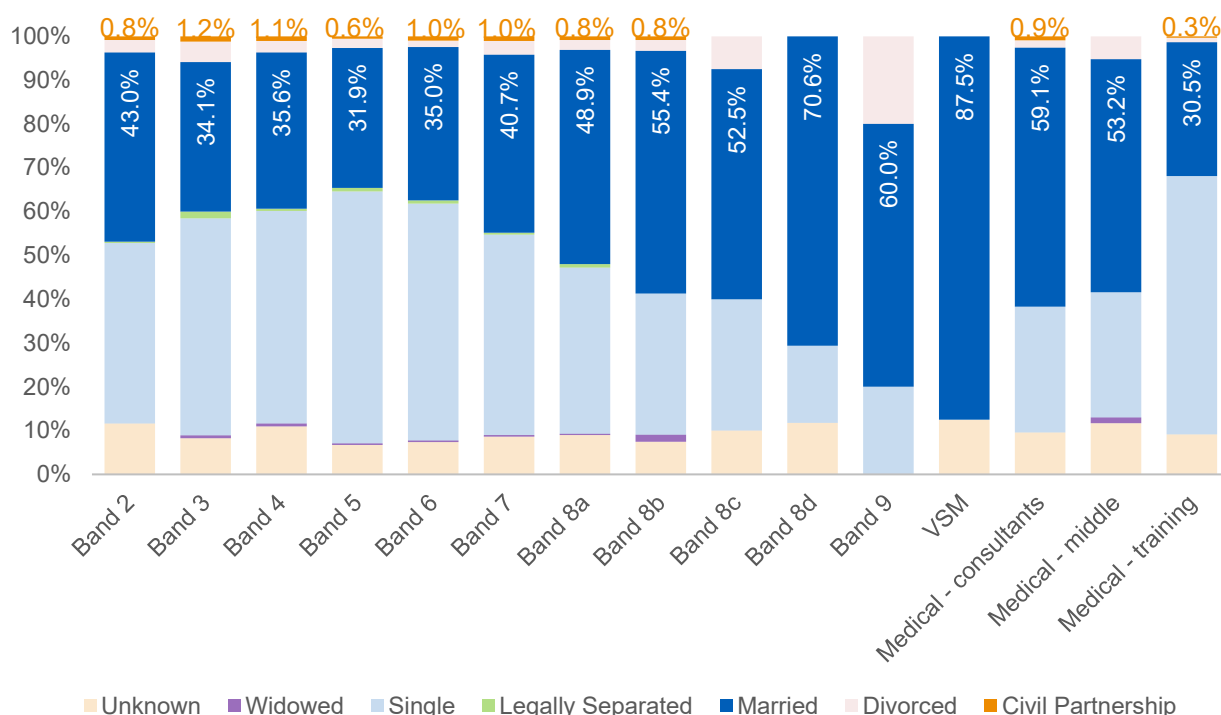


Chart C7 (above) shows pay bands and grades by marital status. Please note only the categories married and civil partnership have been labelled and will be commented on.

When comparing the breakdown provided in Chart C7 (above) to the overall workforce representation:

- For the characteristic of marriage, there is a greater than expected representation in bands 2, 7-9, VSM and all medical consultants and middle grade. There is a lower-than-expected representation in bands 3-6 and medical trainees.
- There is a greater-than-expected representation in bands 3, 4, 6, and 7 for the characteristic of civil partnership. There is a broadly equal representation in bands 2, 8a, 8b and medical consultants. All other bands have either a lower-than-expected representation or no representation.

9.5 Pregnancy and maternity

One hundred forty-three women were recorded on ESR as being on maternity leave as a snapshot on 31st March 2023. This represents just 3.75% of the female population of the Trust's workforce. It is impossible to know the number of pregnant women in the Trust because there is no requirement to record it until the Maternity Certificate can be issued after 20 weeks of pregnancy. ESR will only record those who have completed and submitted their certificates.

9.6 Race (this includes ethnic or national origins, colour or nationality)

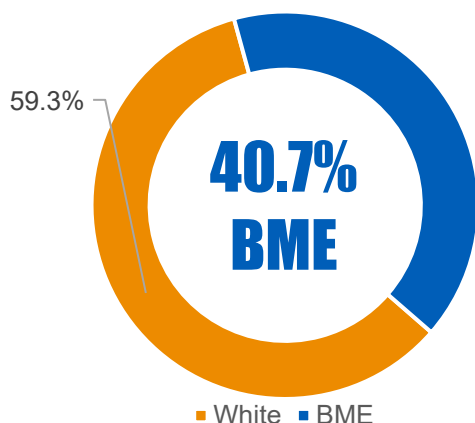


Chart C8 shows the representation of the population of Haringey and Islington broken down by ethnicity.

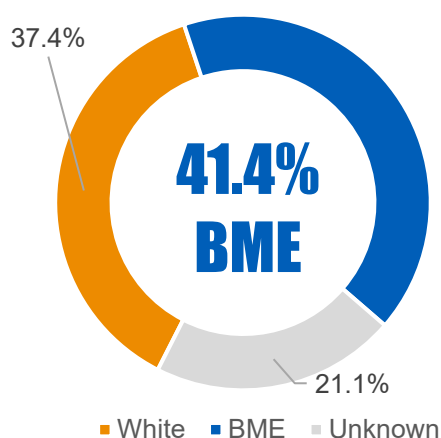


Chart C9 (left) represents the Trust's workforce by ethnicity.

Compared to the local population (chart C8), there is a broadly proportional representation of BME staff and fewer white staff; however, just over a fifth of the workforce's ethnicity is unknown.

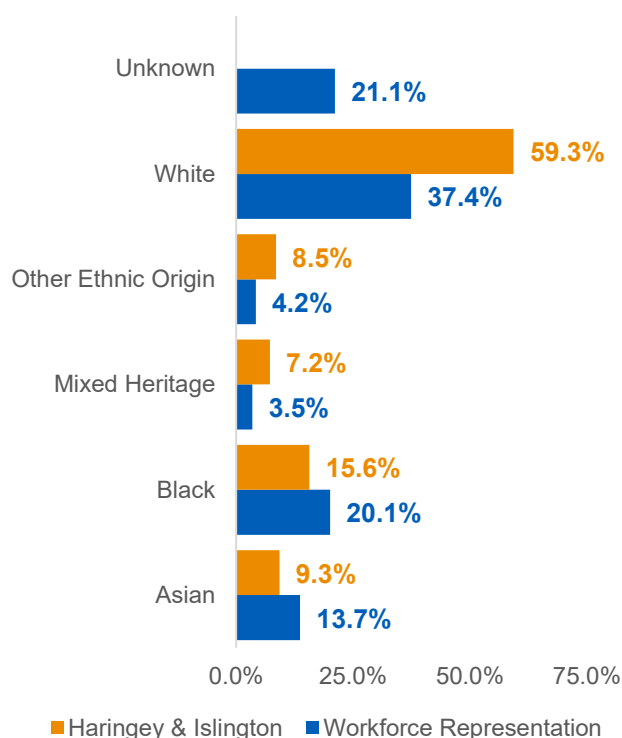


Chart C10 (left) breaks down the representation of the BME category into smaller ethnic groups for the Trust workforce and Haringey and Islington's local population.

Compared to the local population, the workforce has a higher-than-expected representation of Asian and Black staff and a lower-than-expected representation of mixed heritage, other ethnic groups and White staff.

Just over a fifth of the workforce's ethnicity is unknown; the available data may not represent an accurate picture of the racial demographic breakdown of the workforce.

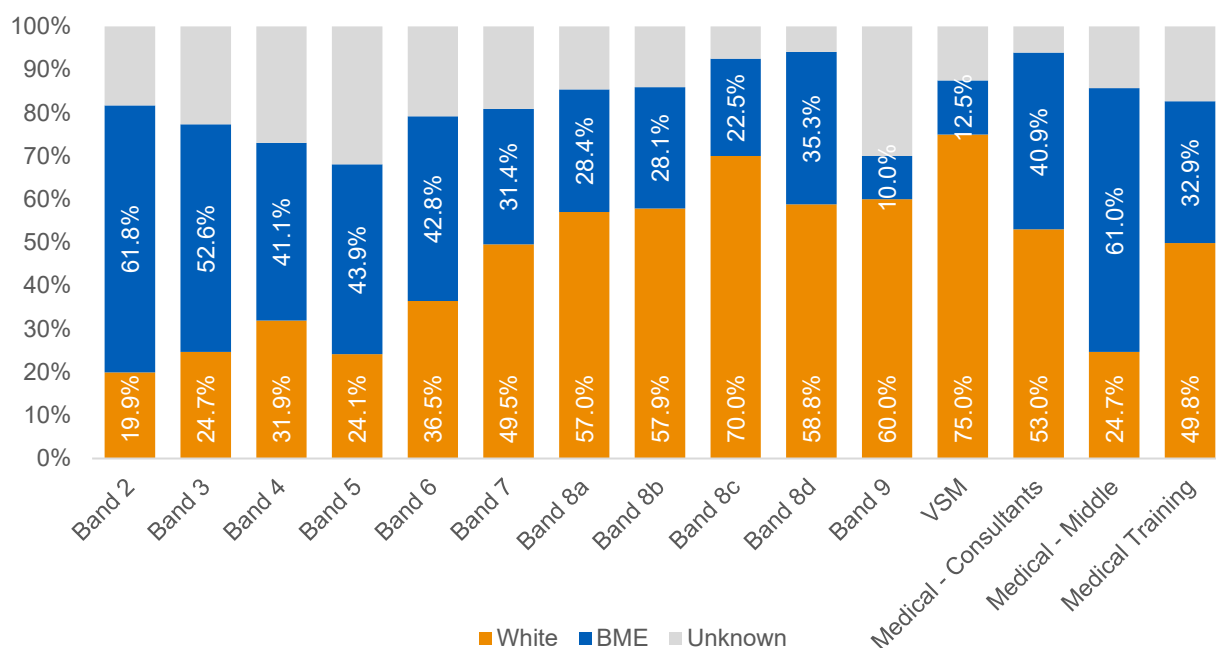


Chart C11 (above) shows the breakdown by pay band of the Trust's workforce by ethnicity. Although there is a 4% difference in the number of BME to white staff, the career path is notably different, with most BME staff represented up to Band 6 and in medical roles. White staff have a much higher-than-expected representation in band seven upwards and in medical roles.

Most notably, there is a lower-than-expected representation of BME staff from bands 7-9, VSM and medical training grades. BME staff have a greater representation than expected in bands 1-6 and medical-middle.

However, nearly a fifth of staff have not declared their ethnicity, so the accurate picture of representation throughout the bands and grades will be known once the declaration rate improves.

9.7 Religion or belief

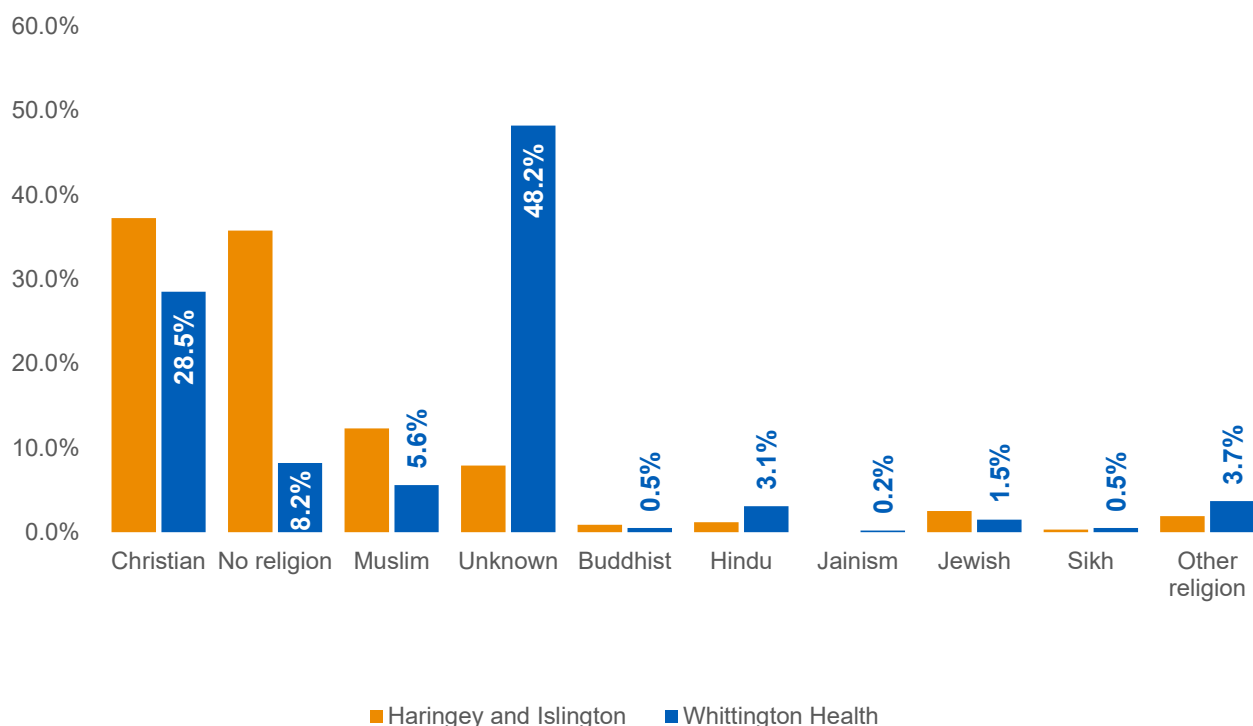


Chart C13 (above) shows the representation of religion and belief of the population of Haringey and Islington and the Trust's workforce. Within the Trust, the greatest representation is for staff whose religion or belief is unknown/staff have elected not to share that information; the second largest group is Christian, and the third largest group are staff with no religion or belief.

When comparing the workforce to the local population, most groups have a lower representation within the Trust's workforce except for Hindus, Sikhs and those of 'other' religions or beliefs. Jainism is not recorded as a separate religion in the 2021 Census.

Table CT3 (below) represents the religion or belief broken down by pay band or grade; the items highlighted in orange illustrate a higher-than-expected representation compared to the overall workforce.

	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8A	Band 8B	Band 8C	Band 8D	Band 9
Atheism	0.6%	4.0%	5.1%	4.9%	6.9%	10.6%	12.4%	11.6%	10.0%	11.8%	30.0%
Buddhism	0.3%	1.3%	0.2%	0.3%	0.7%	0.3%	0.3%				
Christianity	29.2%	32.8%	26.8%	29.8%	31.6%	27.3%	30.1%	29.8%	27.5%	47.1%	30.0%
Hinduism	1.4%	3.0%	2.3%	2.0%	1.3%	2.6%	4.2%	1.7%			10.0%
Islam	5.6%	7.9%	4.2%	6.7%	4.6%	3.7%	1.7%	4.1%	7.5%		
Jainism	0.3%	0.2%	0.2%		0.4%	0.1%					
Judaism		0.2%	0.4%	0.7%	1.6%	1.7%	2.2%	1.7%			
Other	1.7%	4.0%	4.9%	3.5%	2.6%	4.4%	4.5%	6.6%	5.0%	5.9%	
Sikhism	0.3%	0.2%	0.4%	0.1%	0.4%	0.5%	0.6%		5.0%	5.9%	
Unknown	60.7%	46.4%	55.6%	52.0%	49.9%	48.8%	44.1%	44.6%	45.0%	29.4%	30.0%

	VSM	Medical - Consultant	Medical - Middle	Medical - Trainee
Atheism	25.0%	12.6%	2.6%	27.5%
Buddhism		1.7%		1.0%
Christianity	37.5%	21.7%	14.3%	19.3%
Hinduism		8.3%	10.4%	8.8%
Islam		7.4%	18.2%	9.2%
Jainism		0.4%		
Judaism		4.3%	5.2%	5.8%
Other		1.3%	2.6%	5.4%
Sikhism		1.3%	1.3%	0.7%
Unknown	37.5%	40.9%	45.5%	22.4%

Table CT3 shows that:

- Atheists have a higher-than-expected representation in bands 7-9, VSM and medical consultant and trainee roles. A lower-than-expected representation exists in bands 2-6 and medical middle-grade doctors.
- Buddhists have a higher-than-expected representation in bands 3 and 6; medical consultants and trainees have a lower-than-expected representation in bands 2, 4-5, and 7-8a. There is no representation from 8b-9, VSM or middle-grade doctors.
- Christians are generally well represented through AfC pay bands; there is a lower-than-expected representation in bands 4, 7 and 8c and all medical roles.
- Hindus have a generally lower-than-expected representation in most pay bands/grades; there is a higher-than-expected representation in bands 8a and 9 and all medical roles, and there is no representation in 8c-d and VSM roles.
- Muslims have a higher-than-expected representation in bands 2-3, 5, 8c and all medical roles, a lower-than-expected representation in 4 and 6-8b and no representation in 8d-9 and VSM roles.
- Jains have a higher-than-expected representation in bands 2-4, 6 and medical consultants; a lower-than-expected representation in band 7, and no representation in 5, 8a-9, VSM and medical middle/trainee grades.
- Jewish staff have a higher-than-expected representation in bands 6-8b and all medical roles, a lower-than-expected representation in 3-5 and no representation in 2, 8c-9 and VSM roles.
- Staff from any other religion/belief have a higher-than-expected representation in bands 3-4, 7-8d and medical trainee roles, a lower-than-expected representation in 2, 5-6 and medical consultant/middle grades and no representation in 9 and VSM.
- Sikhs have a higher-than-expected representation in bands 7, 8a and all medical roles, a lower-than-expected representation in 2-6 and no representation in 8b, 9 and VSM.
- Many staff have either not shared their religion or belief or have chosen not to across all bands and grades. This high non-declaration masks the accurate picture of religion or belief representation across the pay bands.

9.8 Sex

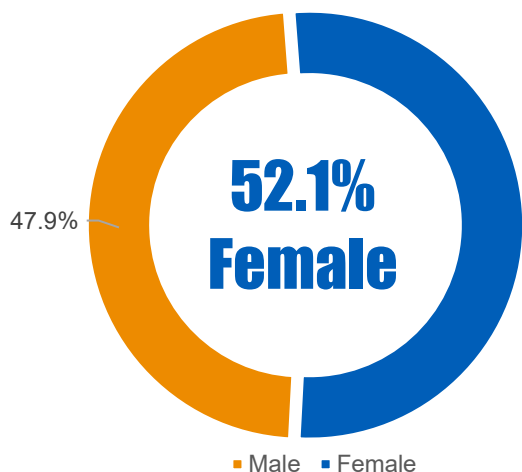


Chart C14 (left) shows the breakdown of the population of Haringey and Islington by sex. 47.9% of the population is male, and 52.1% is female.

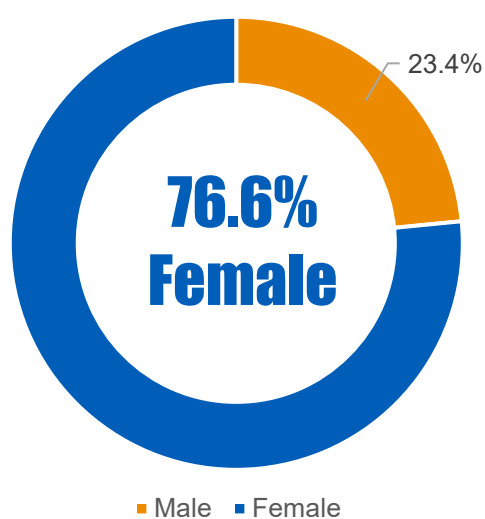


Chart C15 (left) shows the breakdown of the Trust's workforce by sex. Whilst the representation in the Trust does not reflect the local population, it does mirror the [national NHS pattern of 77% female and 23% male](#).

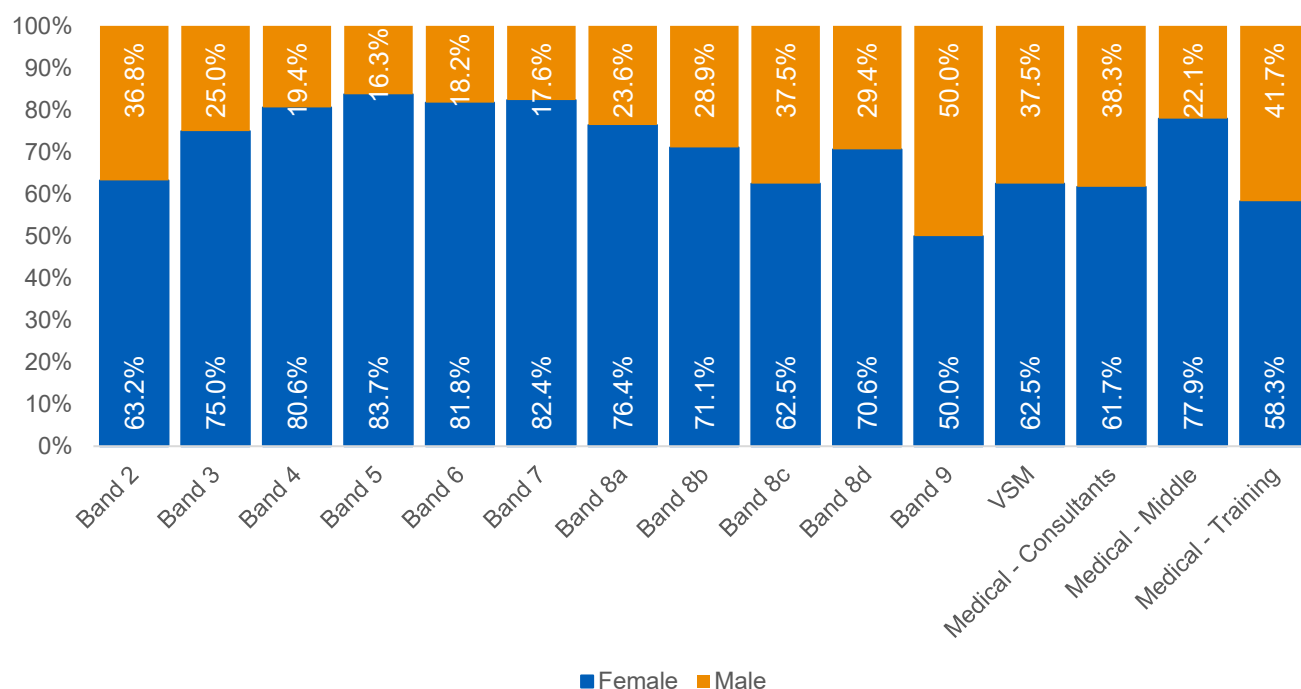


Chart C16 (above) shows the breakdown of pay bands and grades by sex; male and female staff are well represented across all bands and grades.

Compared to the workforce representation, women have a lower-than-expected representation in senior and very senior manager roles and medical consultant and training roles. Women also have a higher-than-expected representation in bands 4-7. Male staff have a higher-than-expected representation in consultant and training medical roles, VSM and bands 8a-9; however, there is a lower-than-expected representation in bands 3-7 and middle medical roles.

9.9 Sexual orientation

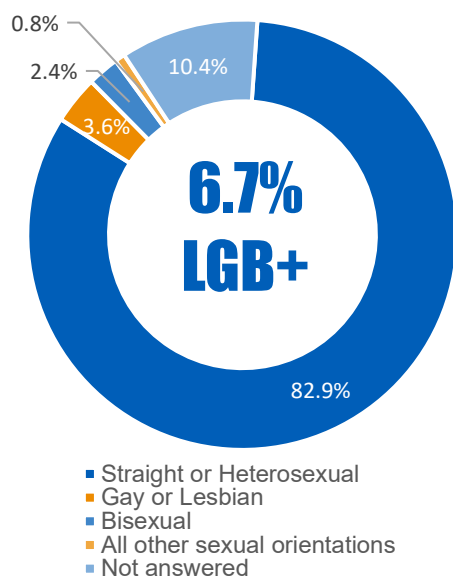


Chart C17 shows the representation of sexual orientation in Haringey and Islington taken from the 2021 Census. 82.9% of the population identify as heterosexual, 6.7% as non-heterosexual (3.6% lesbian or gay, 2.4% bisexual and 0.8% as all other sexual orientations).

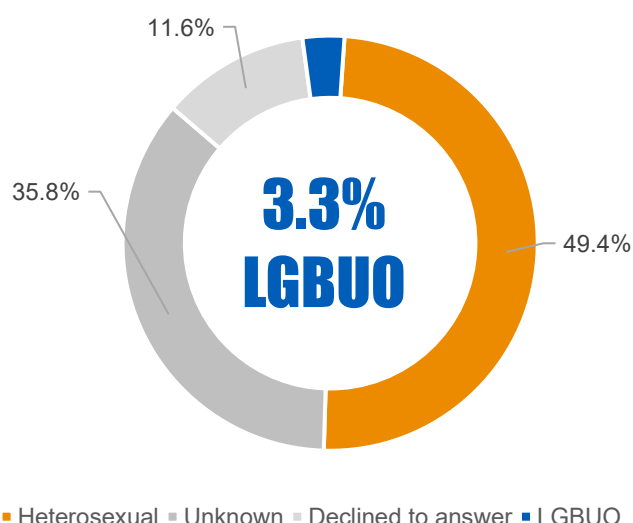


Chart C18 (left) represents the Trust's workforce by sexual orientation. In the 2021 Census, data about sexual orientation was not collected.

Because the level of declaration for sexual orientation is very low throughout the organisation, Lesbian, Gay, Bisexual, Undecided and Other Sexual Orientation Not Listed categories have been aggregated (LGBUO). However, as the declaration rates are so low, it is impossible to draw meaningful conclusions. Still, there has been an increase of 0.8% of staff identifying as LGBUO since 21/22.

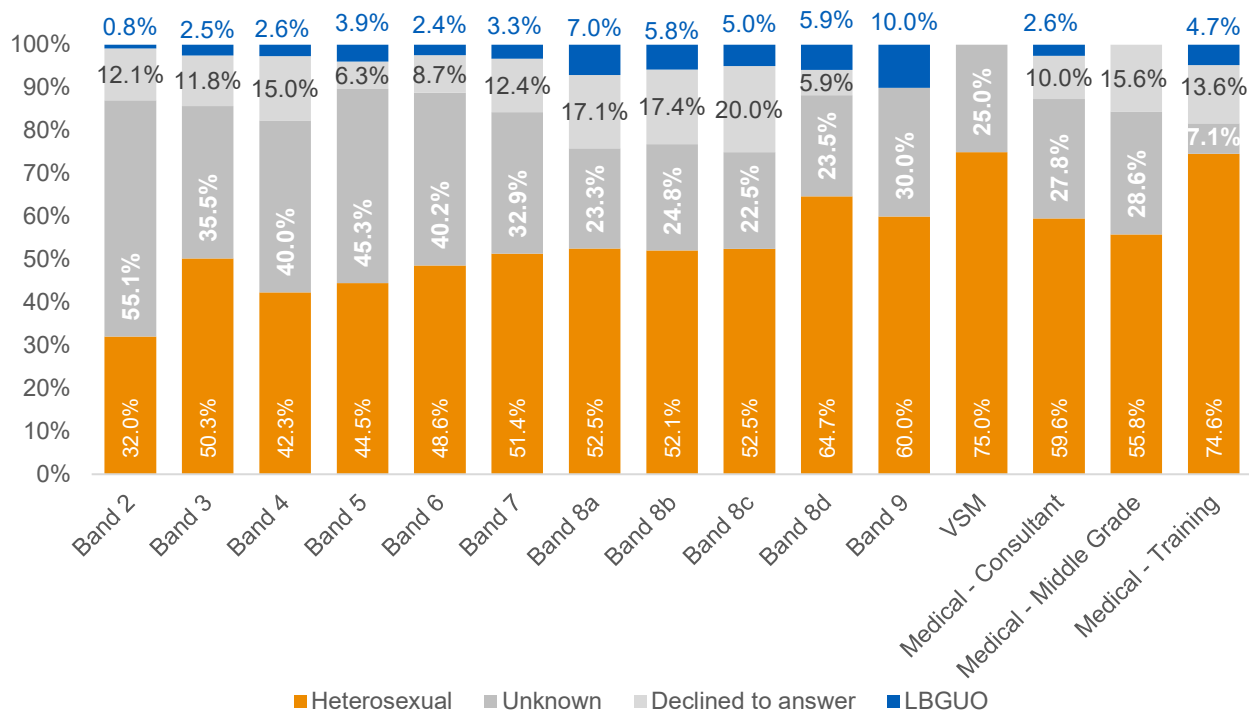


Chart C19 (above) shows the workforce broken down by pay band/grade and sexual orientation.

Many staff have either declined to provide their sexual orientation or that it is simply unknown. Comparing the representation in pay bands and grades to the overall workforce. LBGUO staff have good (higher-than-expected) representation in bands 5, 7-9, medical training; lower-than-expected representation in bands 2-4, 6 and medical consultants; and no representation in VSM and Medical middle grade. Compared to the previous year, nearly every band has seen an increase in representation in every band/grade, except band 8d and medical middle grade, which reduced. VSM, which remains as having no representation.

Heterosexual staff are well represented throughout most pay bands and grades; in most cases, they have a greater representation in the band/grade compared to the overall representation in the workforce. The bands and grades with a lower-than-expected representation are bands 2 and 4-6.

10. Recruitment

This section reviews recruitment data from 2022/23; it breaks down the representation of protected characteristics through three stages of recruitment – application, shortlisting, and appointment. To aid comparison, data relating to workforce representation is also included.

During 2022/23, there were:

- 17,829 applications received
- 3,449 applicants that were shortlisted to progress to interview
- 771 applicants were appointed

Due to a technical issue with the Trust's recruitment system (TRAC), only data relating to age, disability, and race are available within this reporting period.

10.1 Age

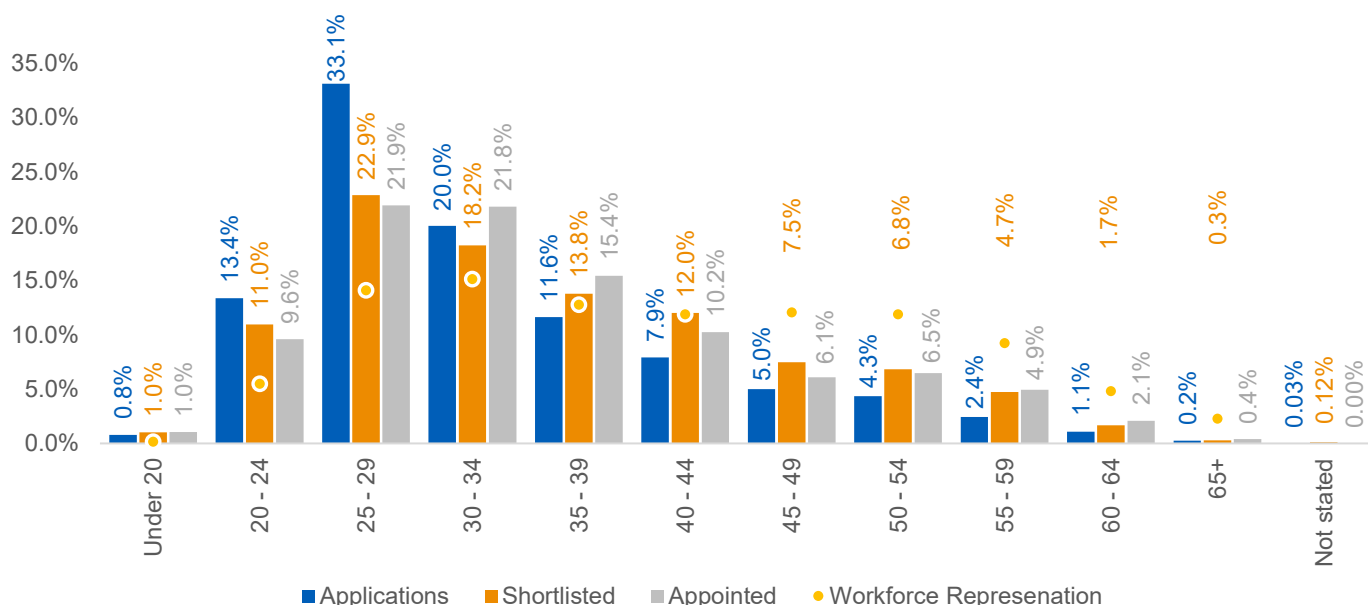


Chart C20 (above) shows the representation throughout the recruitment stages broken down by age; the workforce representation data has also been included to aid comparison.

Compared to the overall workforce representation, there is a greater proportion of applicants aged 20-39 in the recruitment processes; conversely, there is a broadly lower-than-expected representation for those under 20 and 40+.

There is an overall trend of applicants aged 40+ having a greater proportional representation when progressing from the application to the shortlisting stage but a lower or broadly equal representation from shortlisting to the appointment stage. In all cases, the representation at the appointment stage is greater than at the application stage.

For applicants aged 20-34, in all cases, when progressing from the application to the shortlisting stage, there is a lower proportional representation; for applicants aged 20-29, there is a broadly equal representation when progressing from shortlisting to appointment, and for applicants 30-39 there is a greater proportional representation.

10.2 Disability

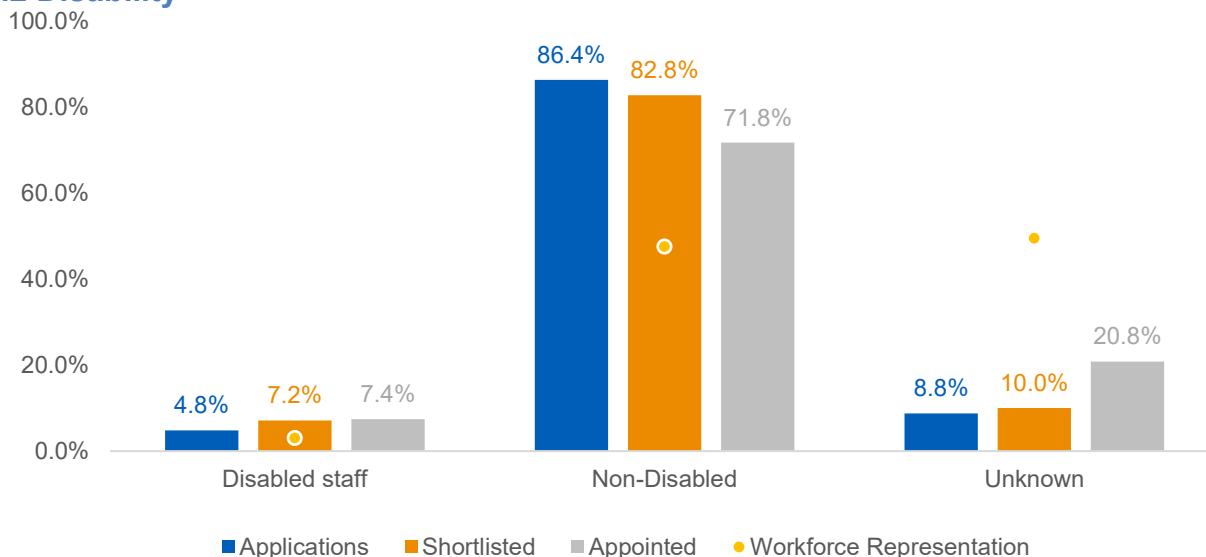


Chart C21 (above) shows the representation throughout the recruitment stages broken down by disability; the workforce representation data has also been included to aid comparison.

Compared to the overall workforce representation, there is a greater proportion of disabled and non-disabled applicants in the recruitment processes; conversely, there is a proportionally lower representation where the applicant's disability status is unknown. Should the trend of representation of disabled applicants continue, the Trust should ultimately see a greater representation of disabled staff in the workforce.

Overall, there is an increase in disabled applicants as they progress through the recruitment stages.

10.3 Race (this includes ethnic or national origins, nationality, or colour)

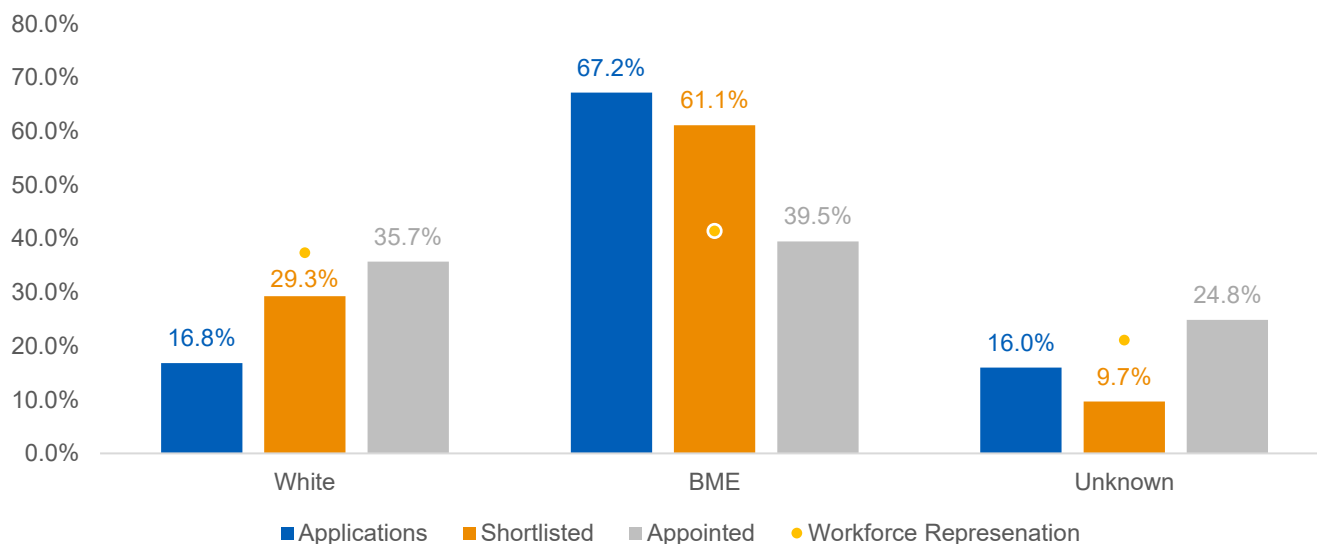


Chart C22 (above) shows the representation throughout the recruitment stages broken down by the applicants' race; the workforce representation data has also been included to aid comparison. Compared to the overall workforce representation, BME applicants have a greater proportional representation at all stages of recruitment. However, when progressing throughout the stages of recruitment, the representation of BME applicants reduces at each stage. However, there is a lower proportional representation of BME applicants appointed compared to the application stage.

Compared to the overall workforce, there is a lower representation of white applicants at the application and shortlisted stages but a greater representation at the appointment stage. When progressing throughout the three stages, the representation of white applicants increases, and there is a greater representation of white applicants appointed than in the application stage.

11. Employee Relations Processes

During 2022/23, there were 14 disciplinary cases and 4 capability cases.

The following sections review the demographical breakdown in representation compared to the workforce. Not all the data related to employee relations cases was available when writing this report.

11.1 Disability

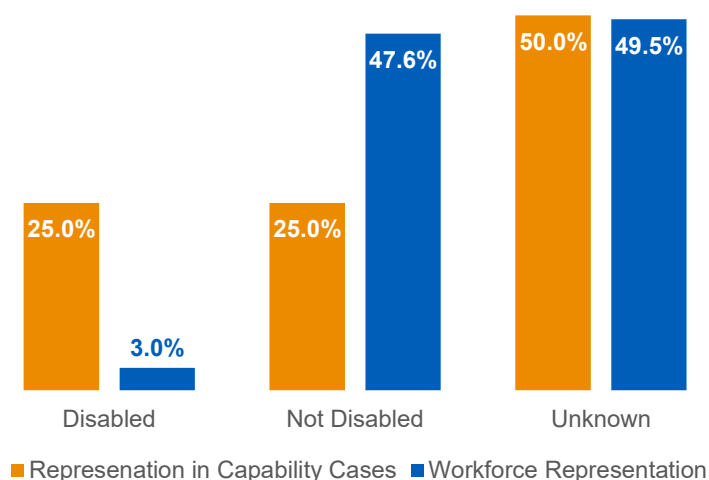


Chart C23 (left) shows the representation within disciplinary procedures compared to the representation in the overall workforce.

While the data indicate a disproportionate number of disabled staff entering into capability procedures, it should be noted that there were only 4 cases during 22/23. With a low number of cases, even a small number could suggest a disproportionate impact.

11.2 Race (this includes ethnic or national origins, colour or nationality)

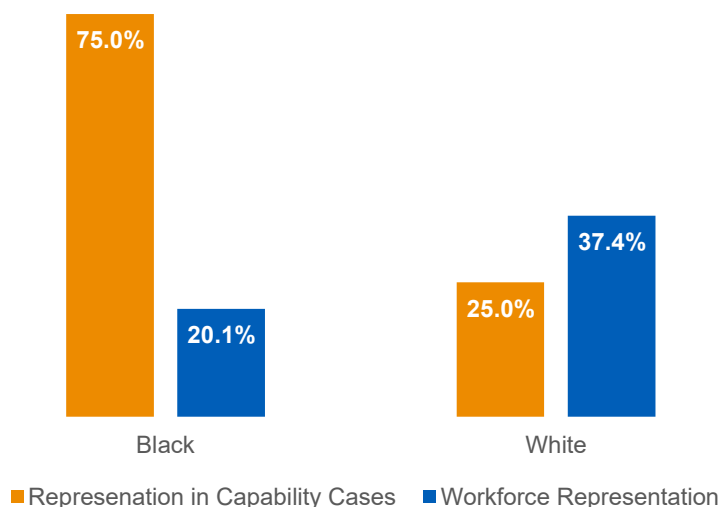


Chart C24 (left) shows the representation in the capability procedures by ethnicity; workforce representation is also included for comparison.

The chart suggests a big overrepresentation of black staff undergoing this process. However, it should be noted that there were only four cases during 22/23.

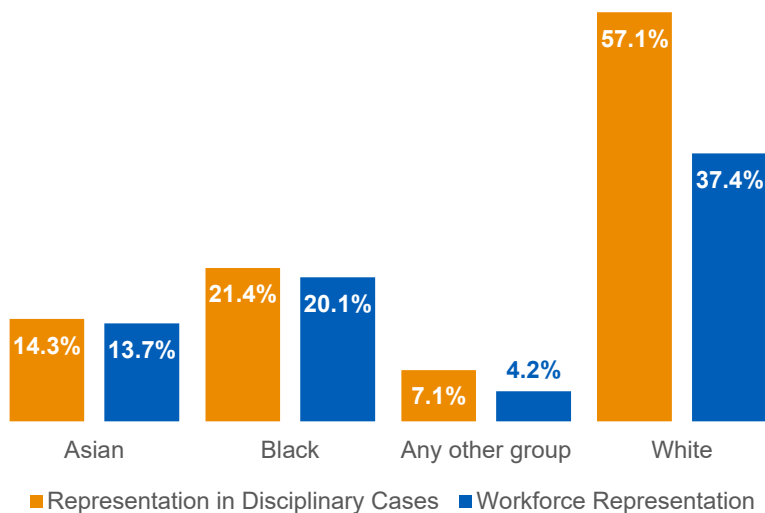


Chart C25 (left) further breaks down the ethnicity categories in the representation in the disciplinary procedures; workforce representation is included for comparison.

Staff from Asian and Black backgrounds have a broadly equal representation compared to the workforce. White staff and those from any other group have a greater representation in disciplinaries compared to their representation in the workforce.

12. Non-Mandatory Training and Continued Professional Development (CPD)

Opportunities for non-mandatory training and CPD can lead to staff career development and play an important metric when measuring inclusion.

During 2022/23, 1,222 staff undertook training that was either non-mandatory or related to continued professional development. The data covers training activities offered by Learning and Development and Organisational Development; ongoing work to work with other departments, e.g., medical and dental, nursing, etc., to improve data coverage. This section will review the demographic breakdown of the staff that undertook training.

12.1 Age

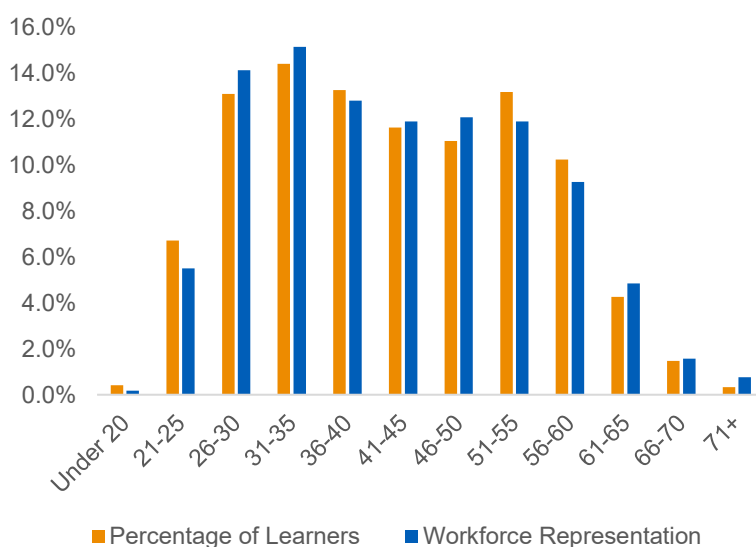


Chart C26 (left) shows the breakdown of staff that access non-mandatory training or CPD by age groups; the overall representation of the workforce by age has been included to aid comparison.

Overall, the representation in training activities broadly aligns with the workforce representation. However, there is a slightly higher workforce representation in age groups <20-25 and 51-60; all other groups have a slightly lower representation.

12.2 Disability

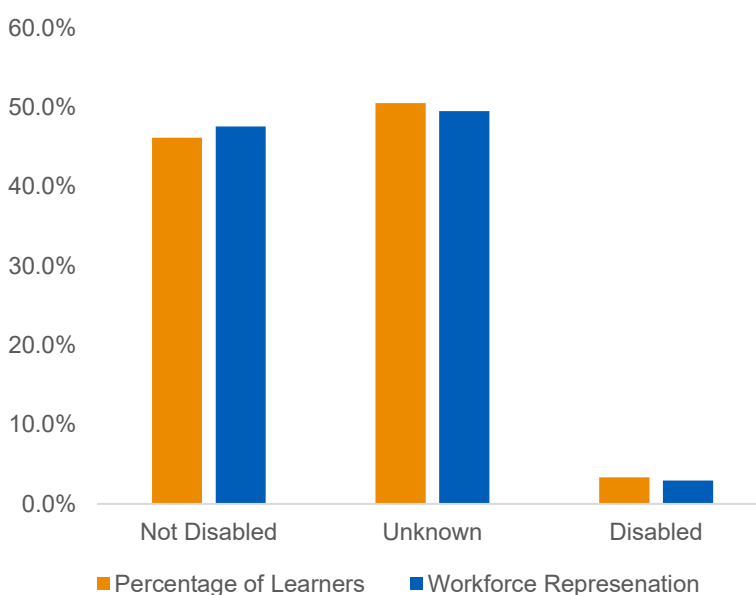


Chart C27 (left) shows the breakdown of staff that access non-mandatory training or CPD by disability status; the overall representation of the workforce by age has been included to aid comparison.

Overall, the representation in training activities broadly aligns with the workforce representation. However, there is a slightly lower representation of disabled staff accessing training than the workforce. Still, a high level of staff has not shared their disability status, which may be masking the accurate level of representation.

12.3 Marriage and civil partnership

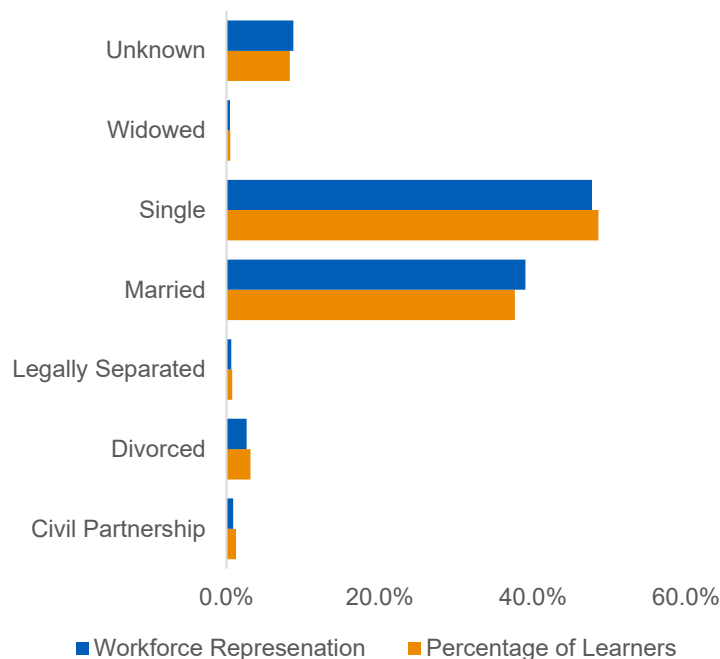


Chart C28 (left) shows the breakdown of staff that access non-mandatory training or CPD by marriage and civil partnership; the overall representation of the workforce has been included to aid comparison.

Overall, the representation in training activities broadly aligns with the workforce representation. However, there is a slightly lower representation of married staff accessing training than the workforce and a higher of staff in a civil partnership.

12.4 Race (this includes ethnic or national origins, colour or nationality)

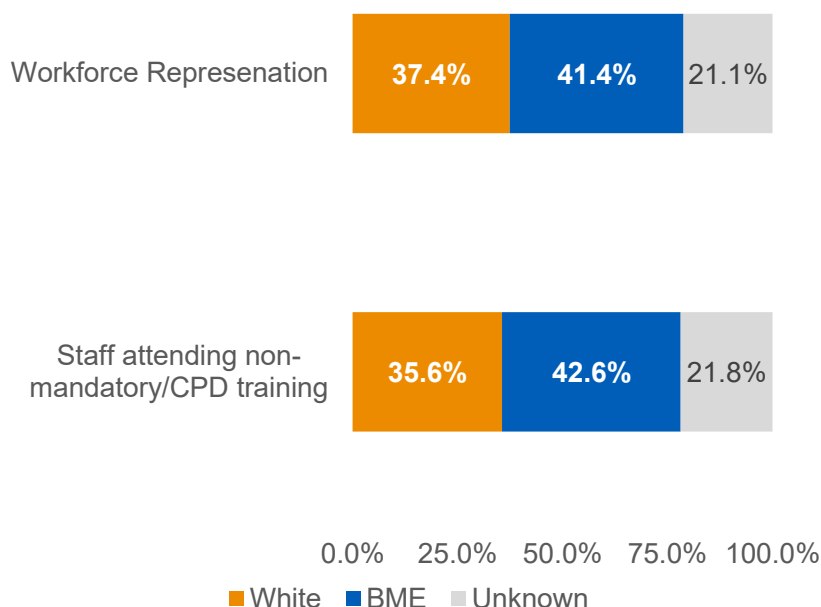
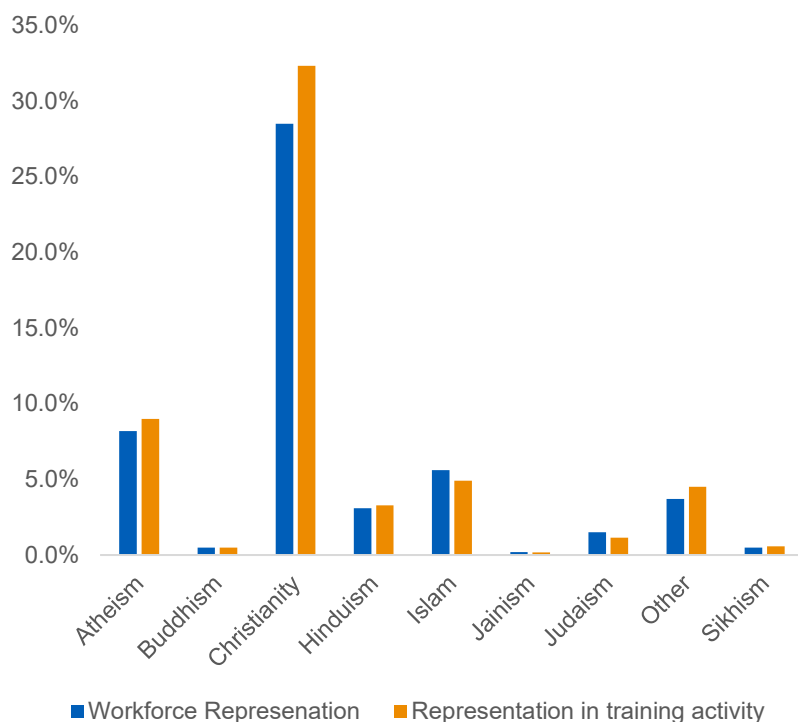


Chart C29 (left) shows the breakdown of staff that accessed non-mandatory training or CPD by race; overall workforce representation has been included to aid comparison.

Overall, the representation in training activity is broadly proportional to the workforce. There is a slightly higher-than-expected representation of BME staff and a slightly lower white staff.



12.5 Religion or Belief

Chart C30 (left) shows the breakdown of staff that accessed non-mandatory training or CPD by religion or belief; the workforce representation has been included to aid comparison.

Compared to the workforce representation, all groups that undertook this type of training are broadly in line. Most groups have a higher-than-expected representation in training activity compared to the overall workforce, except staff that are Muslim, Jewish or unknown (excluded from the chart – 43.6% in training activity and 48.2% in the overall workforce).

12.6 Sex

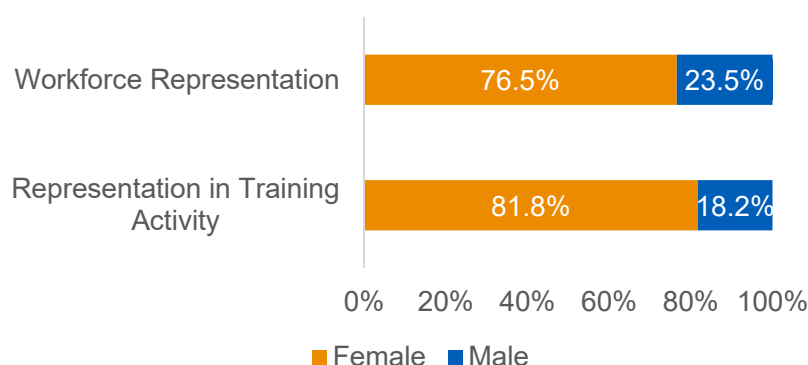


Chart C31 (left) shows the breakdown of staff that accessed non-mandatory training or CPD by sex; the workforce representation has been included to aid comparison.

Compared to the workforce representation, more women and fewer men are accessing non-mandatory or CPD training.

12.7 Sexual Orientation

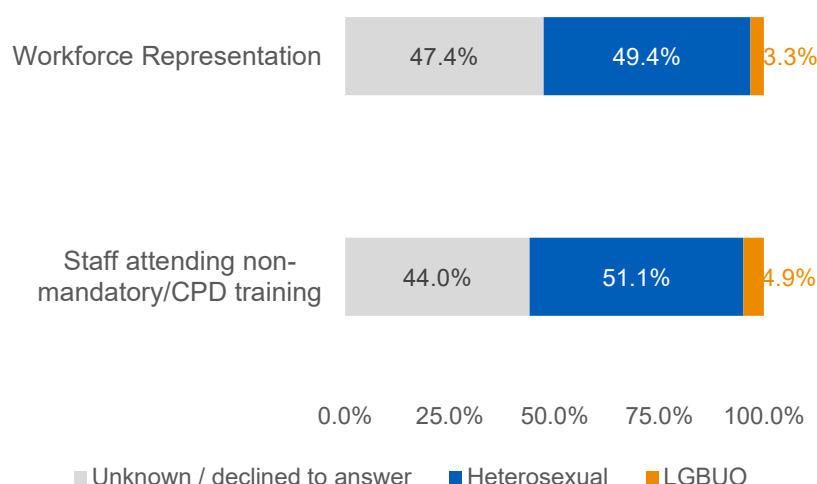


Chart C32 (left) shows the breakdown of staff that accessed non-mandatory training or CPD by sexual orientation; the workforce representation has been included to aid comparison. Due to the low numbers, Lesbian, gay, bisexual, undecided and others have been combined to create an LGBUO category.

Compared to the overall workforce representation, there is a higher proportion of LGBUO staff accessing training.

13. Flexible Working

The Trust has many staff that benefit from flexible working, which helps staff balance the needs of their work and personal lives. Currently, flexible working requests are dealt with on a departmental basis, and information about those who have applied and been accepted for flexible working is not centrally recorded.

In the future, the Trust is investigating utilising Electronic Staff Records (integrated Human Resources and Payroll system) to enable reporting on flexible working arrangements.

14. Leavers

During 2022/23, a total of 979 staff left the organisation. This section will review the demographic breakdown of staff that left the Trust in greater detail.

14.1 Age

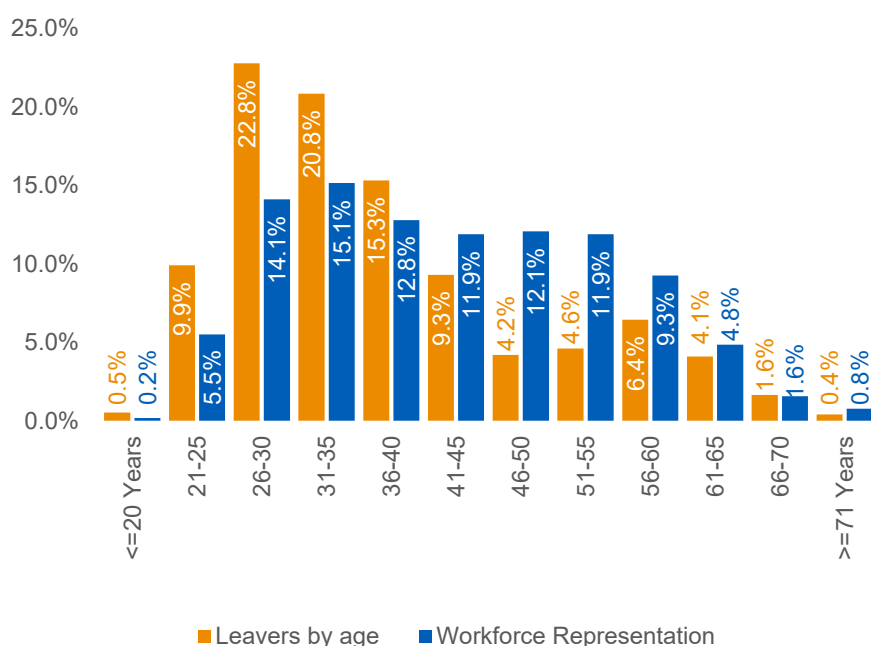


Chart C33 (left) shows the representation of staff that have left Whittington Health by age; the overall workforce representation has been included to aid comparison.

Most staff that have left the Trust are aged between 21 and 40.

Compared to the overall workforce representation, there is a higher-than-expected representation of leavers aged under 20 to 40; all other age groups have a lower-than-expected representation.

14.2 Disability

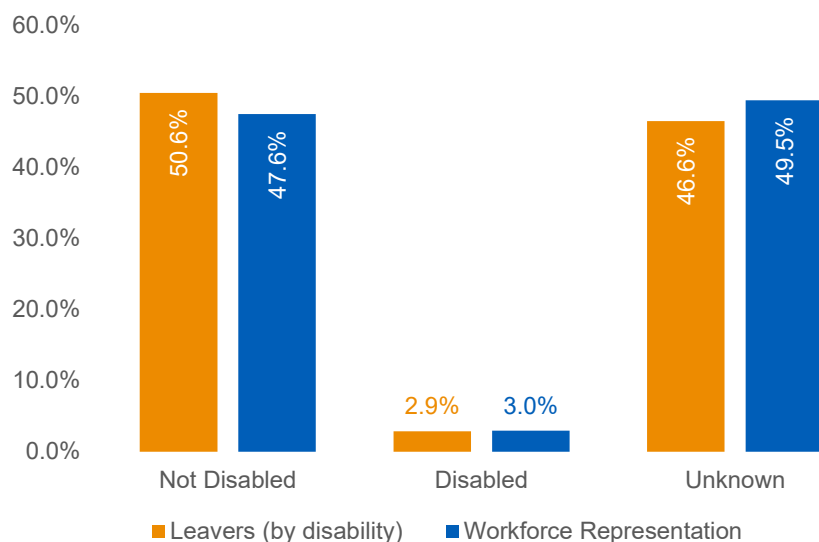


Chart C34 (left) shows the representation of staff that have left the Trust by disability status; the overall workforce representation has been included to aid with comparison.

Compared to the overall workforce, a slightly lower proportion of disabled and unknown and a higher proportion of non-disabled staff have left the organisation.

14.3 Marriage civil partnership

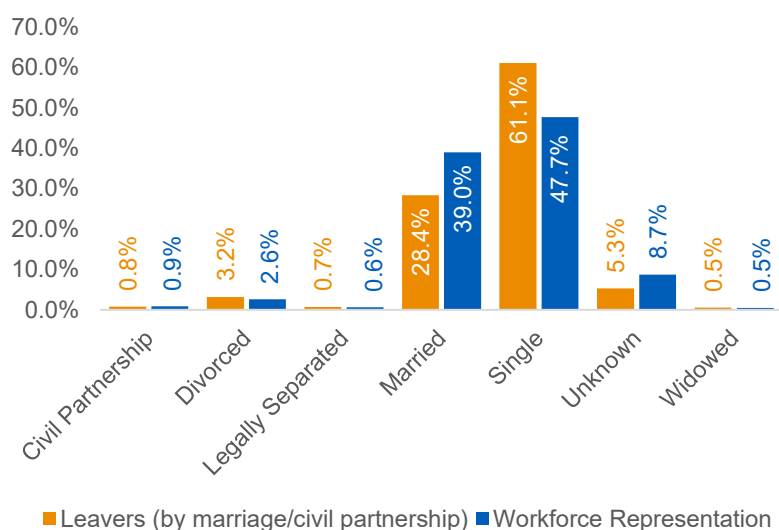


Chart C35 (left) shows the breakdown of staff that have left the organisation by marriage and civil partnership; workforce representation data have been included to aid comparison.

Compared to the overall workforce, fewer staff in civil partnerships and marriage have left the organisation.

14.4 Race (this includes ethnic or national origins, colour, or nationality)

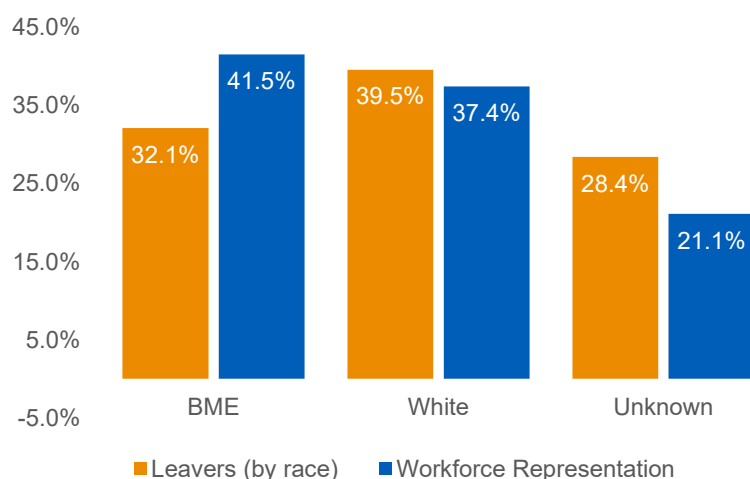


Chart C36 (left) shows the representation of ethnicity of staff that have left the Trust by ethnic group; overall workforce representation has been included to aid comparison.

Compared to the overall workforce, a lower-than-expected proportion of Black and Minority Ethnic (BME) staff have left the organisation. Still, a greater-than-expected proportion of white staff with unknown ethnicity has left the Trust.

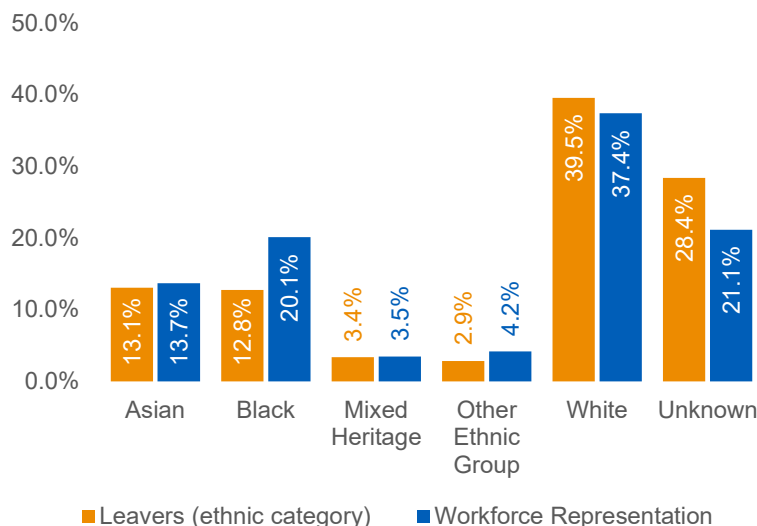


Chart C37 (left) breaks down the BME Category above into main ethnicity categories. Broadly, a proportional number of Asian and Mixed Heritage staff has left the organisation compared to the workforce representation.

A lower proportion of Black and Other Ethnic Group staff and a higher proportion of white and unknown have left the Trust compared to the overall workforce representation.

14.5 Religion or Belief

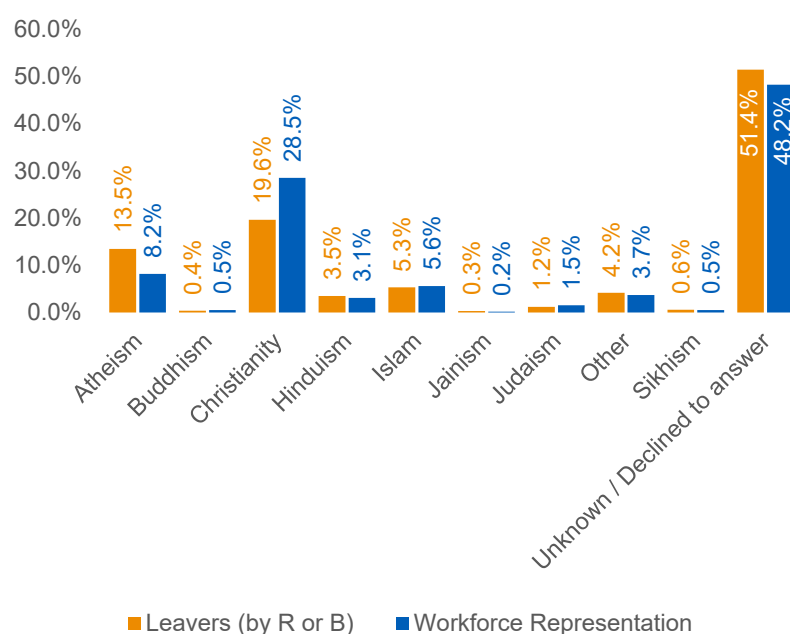


Chart C38 (left) shows the breakdown of leavers by religion or belief; overall workforce representation has been included to aid comparison.

Compared to the workforce, there is a greater than expected representation of atheists, Hindus, Jains, Other religions, Sikhs and staff members whose religion or belief is unknown or they have elected not to share. There is a lower-than-expected representation of Buddhists, Christians, Muslims and Jewish staff.

14.6 Sex

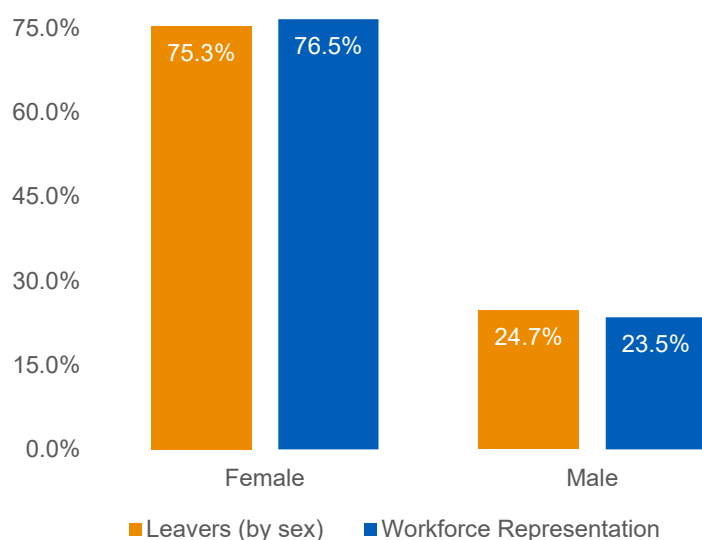


Chart C39 (left) shows the breakdown of leavers by sex; the overall workforce representation has been included to aid in comparison.

Compared to the workforce representation, slightly fewer women are represented in leavers data and slightly more men.

14.7 Sexual Orientation

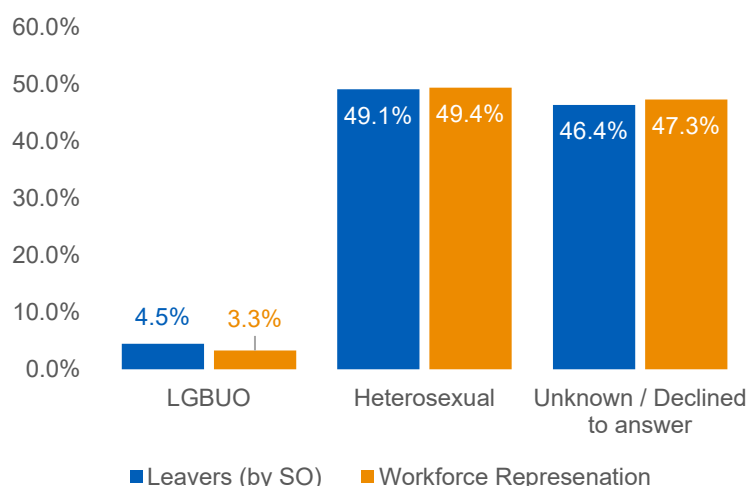


Chart C40 (left) shows a breakdown of leavers by sexual orientation; the overall workforce representation has been included to aid comparison.

Heterosexual staff and where sexual orientation is unknown are represented in line with the workforce representation. However, Lesbian, Gay, Bisexual, Undecided and Others (LGBUO) staff appear to be slightly overrepresented in staff that have left the Trust.

15. NHS Staff Survey

The annual NHS Staff Survey provides insight into staff satisfaction with the organisation and their work. The survey looks at a range of issues related to inclusion, which can be broken down by (most) protected characteristics; this section will explore those issues.

The data explores the average scores for the national acute average for Trusts (124 Trusts), Whittington Health's average score for the question and a breakdown of the protected characteristic.

Where the Whittington Health score is in red, it indicates worse performance compared to the national acute average. Where it is green, it indicates better performance.

In the columns breaking down the scores for individual groups within the protected characteristics, a red score would indicate worse performance than the Whittington average; an amber score is broadly in line; and a green score would indicate better.

A red score in the 'Whittington Health Average' indicates worse performance than the average for acute/acute and community trusts; a green score indicates better performance.

15.1 Age

Table CT4 (below) shows the breakdown of staff survey questions by age.

	21-30	31-40	41-50	51-65	66+	Whittington Health Average	Acute Average
q.4b - The organisation values my work	48.9%	41.9%	44.9%	40.6%	39.0%	41.9%	41.1%
q.9e - Feels their manager values their work	79.6%	72.1%	75.9%	71.3%	73.8%	72.8%	70.2%
q.7h - Feels valued by my team	76.8%	69.8%	70.9%	70.5%	73.8%	69.4%	68.7%
q.15 - Feels the organisation acts fairly regarding promotion/progression regardless of protected characteristic	57.9%	51.8%	47.7%	45.5%	32.5%	48.3%	55.6%
q.14a - Has experienced bullying, harassment and abuse from patients, services users, etc., in the last 12 months	34.8%	36.0%	27.3%	24.7%	19.0%	30.2%	28.1%
q.14b - Has experienced bullying, harassment and abuse from their manager in the last 12 months	9.8%	13.9%	13.8%	14.7%	7.3%	14.5%	11.6%
q.14c - Has experienced bullying, harassment and abuse from other colleagues in the last 12 months	17.8%	20.1%	18.5%	18.9%	14.3%	20.8%	20.0%
q.14d - The last time bullying, harassment, and abuse experience was reported	48.3%	48.3%	49.9%	47.1%	25.0%	47.5%	47.4%
q.16a - Experienced discrimination from a patient, service user, etc., in the last 12 months	13.2%	13.8%	12.9%	8.9%	7.1%	12.8%	7.8%
q.16b - Experienced discrimination from staff in the last 12 months	8.2%	13.2%	13.8%	12.0%	7.1%	12.9%	8.7%
q.16c(6) - Age was the cause of the discrimination	28.3%	14.3%	7.8%	26.0%		17.4%	18.1%

15.2 Disability

Table CT5 (below) shows the breakdown of staff survey questions by disability.

	Staff with Disabilities	Staff without Disabilities	Whittington Health Average	Acute Average
q.4b - The organisation values my work	34.7%	45.6%	41.9%	41.1%
q.9e - Feels their manager values their work	64.2%	76.5%	72.8%	70.2%
q.7h - Feels valued by my team	62.1%	73.4%	69.4%	68.7%
q.15 - Feels the organisation acts fairly regarding promotion/progression regardless of protected characteristic	40.1%	51.8%	48.3%	55.6%
q.14a - Has experienced bullying, harassment and abuse from patients, services users, etc., in the last 12 months	37.4%	28.0%	30.2%	28.1%
q.14b - Has experienced bullying, harassment and abuse from their manager in the last 12 months	22.3%	11.2%	14.5%	11.6%
q.14c - Has experienced bullying, harassment and abuse from other colleagues in the last 12 months	26.5%	17.3%	20.8%	20.0%
q.14d - The last time bullying, harassment, and abuse experience was reported	47.1%	48.9%	47.5%	47.4%
q.16a - Experienced discrimination from a patient, service user, etc., in the last 12 months	12.3%	11.7%	12.8%	7.8%
q.16b - Experienced discrimination from staff in the last 12 months	20.1%	10.3%	12.9%	8.7%
q.16c(5) - Disability was the cause of the discrimination	35.4%	0.7%	9.1%	8.7%
q.30b – Disabled staff that have reasonable adjustments to enable them to carry out their work.	64.7%			71.8%

15.3 Race

Table CT6 (below) shows the breakdown of staff survey questions by race/ethnicity.

	BME Staff	White Staff	Whittington Health Average	Acute Average
q.4b – The organisation values my work	41.7%	45.2%	41.9%	41.1%
q.9e - Feels their manager values their work	72.1%	76.3%	72.8%	70.2%
q.7h - Feels valued by my team	66.8%	75.8%	69.4%	68.7%
q.15 - Feels the organisation acts fairly regarding promotion/progression regardless of protected characteristic	41.2%	57.5%	48.3%	55.6%
q.14a - Has experienced bullying, harassment and abuse from patients, services users, etc., in the last 12 months	29.3%	30.4%	30.2%	28.1%
q.14b - Has experienced bullying, harassment and abuse from their manager in the last 12 months	14.2%	12.3%	14.5%	11.6%
q.14c - Has experienced bullying, harassment and abuse from other colleagues in the last 12 months	18.7%	19.1%	20.8%	20.0%
q.14d - The last time bullying, harassment, and abuse experience was reported	50.0%	48.3%	47.5%	47.4%
q.16a - Experienced discrimination from a patient, service user, etc., in the last 12 months	17.4%	6.9%	12.8%	7.8%
q.16b - Experienced discrimination from staff in the last 12 months	15.0%	9.4%	12.9%	8.7%
q.16c(1) – Ethnic background was the cause of the discrimination	81.0%	35.2%	63.2%	48.5%

15.4 Religion or belief

Table CT7 (below) shows the breakdown of staff survey questions by religion or belief.

	Atheist	Christian	Buddhist	Hindu	Judaism	Muslim	Other religion	I prefer not to say	Whittington Health Average	Acute Average
q.4b – The organisation values my work	46.4%	43.0%	43.5%	50.0%	53.3%	48.8%	50.0%	24.7%	41.9%	41.1%
q.9e - Feels their manager values their work	76.3%	74.0%	65.2%	79.4%	82.2%	79.8%	79.5%	57.9%	72.8%	70.2%
q.7h - Feels valued by my team	76.9%	70.8%	47.8%	70.4%	77.8%	73.6%	68.2%	56.7%	69.4%	68.7%
q.15 - Feels the organisation acts fairly regarding promotion/progression regardless of protected characteristics	54.7%	50.1%	45.5%	47.9%	71.1%	45.7%	59.5%	27.3%	48.3%	55.6%
q.14a - Has experienced bullying, harassment and abuse from patients, services users, etc., in the last 12 months	29.0%	30.6%	39.1%	21.4%	42.2%	21.1%	34.9%	33.9%	30.2%	28.1%
q.14b - Has experienced bullying, harassment and abuse from their manager in the last 12 months	11.6%	13.7%	27.3%	7.2%	13.3%	5.5%	16.3%	24.6%	14.5%	11.6%
q.14c - Has experienced bullying, harassment and abuse from other colleagues in the last 12 months	15.4%	21.1%	43.5%	12.5%	13.6%	16.5%	23.3%	23.8%	20.8%	20.0%
q.14d - The last time bullying, harassment, and abuse experience was reported	46.2%	52.3%	61.5%	46.2%	58.8%	44.1%	56.3%	38.6%	47.5%	47.4%
q.16a - Experienced discrimination from a patient, service user, etc., in the last 12 months	6.5%	14.3%	18.2%	10.2%	4.5%	11.7%	20.9%	16.9%	12.8%	7.8%
q.16b - Experienced discrimination from staff in the last 12 months	8.0%	12.7%	31.8%	10.3%	13.3%	11.0%	16.3%	21.0%	12.9%	8.7%
q.16c(3) - Religion was the cause of the discrimination	1.4%	2.6%		6.7%		54.2%	0.0%	7.5%	7.0%	4.3%

15.6 Sex

Table CT8 (below) shows the breakdown of staff survey questions by sex.

	Female	Male	Prefer not to say	Whittington Health Average	Acute Average
q.4b – The organisation values my work	42.8%	49.7%	24.2%	41.9%	41.1%
q.9e - Feels their manager values their work	74.7%	75.4%	56.8%	72.8%	70.2%
q.7h - Feels valued by my team	71.8%	74.1%	49.5%	69.4%	68.7%
q.15 - Feels the organisation acts fairly regarding promotion/progression regardless of protected characteristic	50.3%	54.7%	17.9%	48.3%	55.6%
q.14a - Has experienced bullying, harassment and abuse from patients, services users, etc., in the last 12 months	31.1%	25.5%	31.5%	30.2%	28.1%
q.14b - Has experienced bullying, harassment and abuse from their manager in the last 12 months	13.3%	12.2%	26.0%	14.5%	11.6%
q.14c - Has experienced bullying, harassment and abuse from other colleagues in the last 12 months	19.8%	14.1%	31.5%	20.8%	20.0%
q.14d - The last time bullying, harassment, and abuse experience was reported	49.7%	48.9%	36.2%	47.5%	47.4%
q.16a - Experienced discrimination from a patient, service user, etc., in the last 12 months	11.6%	11.3%	17.2%	12.8%	7.8%
q.16b - Experienced discrimination from staff in the last 12 months	12.6%	8.0%	25.8%	12.9%	8.7%
q.16c(2) - Sex was the cause of the discrimination	17.2%	22.1%	6.7%	17.0%	20.3%

15.7 Sexual orientation

Table CT9 (below) shows the breakdown of staff survey questions by sexual orientation.

	Heterosexual	Gay or Lesbian	I prefer not to say	Bisexual	Other	Whittington Health Average	Acute Average
q.4b – The organisation values my work	44.5%	46.4%	26.8%	57.5%	41.2%	41.9%	41.1%
q.9e - Feels their manager values their work	75.5%	81.0%	57.7%	72.5%	58.8%	72.8%	70.2%
q.7h - Feels valued by my team	72.0%	82.1%	57.3%	82.5%	58.8%	69.4%	68.7%
q.15 - Feels the organisation acts fairly regarding promotion/progression regardless of protected characteristic	51.3%	67.5%	23.2%	51.3%	29.4%	48.3%	55.6%
q.14a - Has experienced bullying, harassment and abuse from patients, services users, etc., in the last 12 months	28.6%	34.5%	35.9%	47.5%	29.4%	30.2%	28.1%
q.14b - Has experienced bullying, harassment and abuse from their manager in the last 12 months	12.7%	13.4%	20.1%	5.0%	29.4%	14.5%	11.6%
q.14c - Has experienced bullying, harassment and abuse from other colleagues in the last 12 months	18.6%	19.8%	23.3%	15.4%	25.0%	20.8%	20.0%
q.14d - The last time bullying, harassment, and abuse experience was reported	50.2%	42.4%	41.9%	36.8%		47.5%	47.4%
q.16a - Experienced discrimination from a patient, service user, etc., in the last 12 months	11.9%	13.1%	11.0%	7.5%	17.6%	12.8%	7.8%
q.16b - Experienced discrimination from staff in the last 12 months	12.0%	9.5%	15.8%	0.0%	23.5%	12.9%	8.7%
q.16c(4) - Sexual orientation was the cause of the discrimination	1.5%	57.1%				4.3%	3.9%

16. Other standards and reporting to measure inclusion

This section will focus on other standards and reporting the Trust participates in that provide a different perspective on equity within the workforce.

16.1 Summary of the Gender pay gap 2023

Table CT10 (below) highlights the 2022/23 Gender Pay Gap Report; the report is available on the [Gender Pay Gap Reporting Service](#). Lower representation in senior manager bands and medical grades may impact the gender pay gap at the Trust.

The gender pay gap presents pay information using mean and median averages; when discussing gender pay gaps, it is usually the median average used. This is because extremes of pay do not impact the median average.

GPG Factor	Observation
<i>Women's hourly pay</i>	<ul style="list-style-type: none">• Median hourly pay is 1.7% lower than men's• Mean hourly pay is 6.3% lower than men's
<i>Pay quarters – female representation</i>	<ul style="list-style-type: none">• Lowest quarter – 74.3% (-1.7% from 21/22)• Lower middle quarter – 79.3% (-0.6% from 21/22)• Upper middle quarter – 80.4% (+1.6 from 21/22)• Upper quarter – 71.3% (+0.1 from 21/22)
<i>Women's bonus pay</i>	<ul style="list-style-type: none">• Median bonus pay is 35.7% lower than men's (+3.2% from 21/22)• Mean bonus pay is 28.7 higher than men's (+30.9% from 21/22)• 1.2% of women (-0.4 from 21/22) and 2.3% of men (-0.4 from 21/22) received bonus payments

Overall, women are paid 1.7% less than men, which means for every 98p a woman earns an hour, a man earns £1.00. The mean average is 6.3% lower for women compared to men.

When looking at the pay quartiles, there is a lower-than-expected representation of women in the lowest and upper quarters and a higher-than-expected representation in the lower-middle and upper middle. Compared to the previous year, representation was slightly increased within the upper middle and upper quarters.

The bonuses at Whittington Health relate to the Clinical Excellence Awards for our medical staff. The bonuses for the last two years have been shared among eligible staff.

Overall, women's bonus payments are 35.7% lower than men's. However, the mean average shows that women's bonuses are 28.7% higher than men's.

16.2 Ethnicity pay gap 2023

The Ethnicity pay gap enables organisations to compare the average pay rates and bonus amounts of different ethnic groups to help understand if there are disparities in either pay or bonus amounts received.

New guidelines from the government issued in April 2023 encourage organisations to undertake an ethnicity pay gap to help improve the understanding of equity within their pay and bonus structures. This is the first year the Trust has undertaken an ethnicity pay gap.

Representation in the overall workforce:

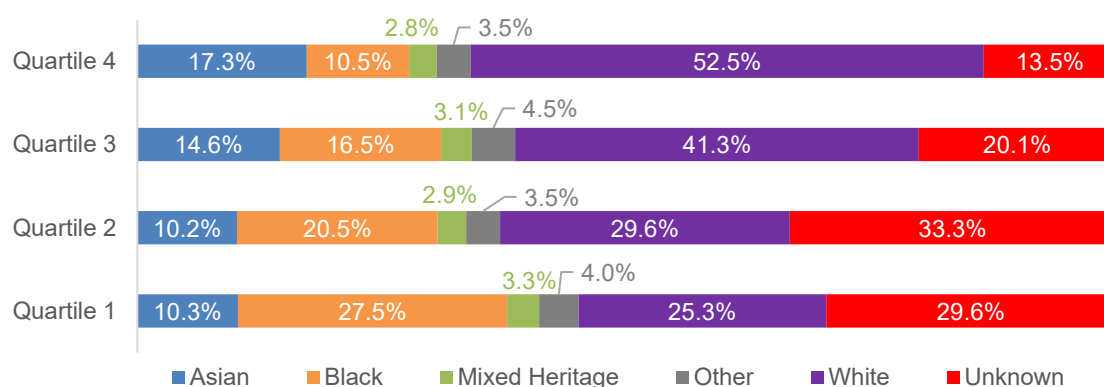
Chart C11 (above) provides an overview of the workforce's ethnicity.

Representation in quartiles:

In order to understand how pay differs for different groups, the overall workforce is split into four groups based on hourly pay. The four groups are broadly equal in size (based on the size of the workforce), which represent:

- Quartile 1 – the lower quarter of pay
- Quartile 2 – the lower middle quarter of pay
- Quartile 3 – the upper middle quarter of pay
- Quartile 4 – the upper quarter of pay

Chart C41 (below) shows a breakdown of the quartiles by ethnicity.



For Asian staff, there is a lower-than-expected representation of staff in quartiles 1 and 2 and a greater-than-expected representation in quartiles 3 and 4.

For Black staff, there is a higher-than-expected representation of staff in quartiles 1 and 2 and a lower-than-expected representation in quartiles 3 and 4.

For mixed heritage and other ethnic groups staff, there is a broadly equal representation throughout the quartiles compared to the overall representation in the workforce.

For white staff, there is a lower-than-expected representation of staff in quartiles 1 and 2 and a greater-than-expected representation in quartiles 3 and 4.

The mean average of pay:

Table CT11 (below) shows the mean average hourly pay for ethnic groups.

	Mean average hourly pay rates	
Asian	£	25.16
Black	£	19.51
Mixed Heritage	£	22.34
Other	£	22.50
White	£	25.42
Unknown	£	19.76

Table CT12 (below) shows the difference (mean average) in hourly pay for ethnic groups.

Ethnic origin	Mixed (2)	Asian (2)	Black (2)	Other (2)
White (1)	£3.08	£0.26	£5.91	£2.92
Mixed (1)		-£2.82	£2.83	-£0.16
Asian (1)			£5.65	£2.66
Black (1)				-£2.99

The amounts are expressed as a difference from group 1 (left column) to group 2 (top of the table). So, in this case, white staff, on average, receive £3.08 per hour more than staff from a mixed heritage background. A minus figure would highlight that group 1 receives less than group 2, e.g., staff from a mixed heritage background, on average, receive £2.82 per hour less than Asian staff.

Table CT13 (below) shows the difference (mean average) as a percentage of hourly pay for ethnic groups.

Ethnic origin	Mixed (2)	Asian (2)	Black (2)	Other (2)
White (1)	12.1%	1.0%	23.2%	11.5%
Mixed (1)		-12.6%	12.7%	-0.7%
Asian (1)			22.5%	10.6%
Black (1)				-15.3%

This table is interpreted in the same way as described above. Another way of expressing this data in this table is that for every £1 a white member of staff earns, a mixed heritage member of staff earns 88p, or for every £1 a mixed heritage member of staff earns, an Asian member of staff earns £1.13.

White staff have the highest mean average pay, followed by Asian, Other, mixed heritage and Black staff. Compared to black staff, white staff earn 23.3% more per hour.

The median average pay

Median averages are often used as reported figures for pay gaps, as extremes do not impact them and take the middle figure for the group that is being analysed.

Table CT15 (below) shows the median average for hourly pay for ethnic groups.

	Median average hourly pay rates	
Asian	£	23.59
Black	£	17.05
Mixed Heritage	£	20.02
Other	£	20.98
White	£	23.94
Unknown	£	18.13

Table CT14 (below) shows the difference (median average) in hourly pay for ethnic groups.

Ethnic origin	Mixed (2)	Asian (2)	Black (2)	Other (2)
White (1)	£3.92	£0.35	£6.89	£2.97
Mixed (1)		-£3.57	£2.97	£0.96
Asian (1)			£6.54	£2.61
Black (1)				-£3.93

This table is interpreted in the same way as the previous tables.

Table CT15 (below) shows the difference (median average) as a percentage of hourly pay for ethnic groups.

Ethnic origin	Mixed (2)	Asian (2)	Black (2)	Other (2)
White (1)	16.4%	1.5%	28.8%	12.4%
Mixed (1)		-17.9%	14.8%	4.8%
Asian (1)			27.7%	11.1%
Black (1)				-23.0%

This table is interpreted in the same way as the previous tables.

White staff have the highest mean average pay, followed by Asian, Other, mixed heritage and Black staff. Compared to black staff, white staff earn 28.8% more per hour.

Bonus pay gaps

The number of staff receiving a bonus by ethnic group compared to the representation of that ethnic group within the workforce.

- 2.3% of Asian staff received a bonus payment
- 0.5% of Black staff received a bonus payment
- No staff from a mixed heritage background received a bonus payment
- 0.6% of staff from 'other ethnic groups received a bonus payment
- 2.9% of white staff received a bonus payment
- 0.2% of staff whose ethnic origin is unknown received a bonus payment.

Mean bonus payments

Table CT16 (below) shows the mean average bonus pay for ethnic groups.

	Mean average hourly pay rates
Asian	£8,081.08
Black	£11,350.74
Other	£19,604.04
White	£10,331.96
Unknown	£6,803.05

Table CT17 (below) shows the difference (mean average) in bonus pay for ethnic groups.

Ethnic origin	Asian (2)	Black (2)	Other (2)
White (1)	£2,250.87	-£1,018.78	-£9,272.08
Asian (1)		-£3,269.66	-£11,522.96
Black (1)			-£8,253.30

This table is interpreted in the same way as the previous tables.

Table CT18 (below) shows the difference (mean average) as a percentage of bonus pay for ethnic groups.

Ethnic origin	Asian (2)	Black (2)	Other (2)
White (1)	21.8%	-9.9%	-89.7%
Asian (1)		-40.5%	-142.6%
Black (1)			-72.7%

This table is interpreted in the same way as the previous tables.

Median bonus payments

Table CT19 (below) shows the median average bonus pay for ethnic groups.

	Median average hourly pay rates
Asian	£3,015.97
Black	£8,375.46
Other	£19,604.04
White	£6,032.04
Unknown	£6,803.05

Table CT20 (below) shows the difference (mean average) in bonus pay for ethnic groups.

Ethnic origin	Asian (2)	Black (2)	Other (2)
White (1)	£3,016.07	-£2,343.42	-£13,572.00
Asian (1)		-£5,359.49	-£16,588.07
Black (1)			-£11,228.58

This table is interpreted in the same way as the previous tables.

Table CT21 (below) shows the difference (mean average) as a percentage of bonus pay for ethnic groups.

Ethnic origin	Asian (2)	Black (2)	Other (2)
White (1)	50.0%	-38.8%	-225.0%
Asian (1)		-177.7%	-550.0%
Black (1)			-134.1%

This table is interpreted in the same way as the previous tables.

Overall, the averages for the other group are affected by there being a relatively small number of high-value bonus payments. However, from the information available, the highest mean average hour pay is other, followed by white, Black and Asian. The highest median pay is other, Black, White and Asian.

On investigating the hourly pay rates for Black staff, it should be noted that nearly 65% of this group occupy roles in bands 2-5, and representation in bands seven onwards is generally relatively very low.

16.3 Summary of the Workforce Disability Equality Standard 2023

The population of staff that had declared a disability increased to 3% from 2.5% in the previous year.

Table CT22 (below) summarises the scores for disabled staff against the metrics.

Metric Number	Metric Description	2022	2023	2023 vs. 2022 performance
2	Relative likelihood of non-disabled applicants compared to Disabled applicants being appointed from shortlisting across all posts.	0.84	1.18	Declined
3	Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process.	2.44	5.37*	Declined
4a (i)	Percentage of staff experiencing harassment and bullying from patients & public	33.4%	37.4%	Declined
4a (ii)	Percentage of staff experiencing harassment and bullying from their managers	22.7%	22.3%	Improved
4a (iii)	Percentage of staff experiencing harassment and bullying from other colleagues	27.7%	26.5%	Improved
4b	Percentage of staff that reported harassment and bullying when they experienced it	44.7%	47.1%	Improved
5	Percentage of staff believing there are equal opportunities for career development	38.5%	40.1%	Improved
6	Experience of feeling pressure from manager to work when not well	28.5%	29.5%	Declined
7	Percentage of staff saying they are satisfied with how the extent to which the Trust values their work	33.8%	34.7%	Improved
8	Percentage of staff saying employer made reasonable adjustments	62.3%	64.7%	Improved
9a	The staff engagement score for Disabled staff	6.5	6.3	Declined
10	Board Representation	5.9%	6.7%	Improved

* This metric is based on an average of cases over two years - There are a low proportion of cases that are capability and a low declaration rate of disability; even a small number of cases may indicate a disproportionate impact. Over two years, this indicator was worked out using an average of 4 cases, with one involving a disabled staff member.

You can find full Workforce Disability Equality Standard reports on the Trust's website in the [Equality, Diversity and Inclusion Section](#).

16.4 Summary of the Workforce Race Equality Standard 2023

The population of staff that are from BME backgrounds increased to 41.5% from 38.2% in the previous year.

Table CT23 (below) shows a summary of scores for BME staff against the indicators.

Indicator Number	Indicator Description	2022	2023	2023 vs. 2022 performance
2	Relative likelihood of white applicants being appointed from shortlisting across all posts compared to BME applicants.	1.42	1.51	Declined
3	Relative likelihood of BME staff entering the formal disciplinary process compared to white staff.	3.75	0.68	Improved
4	Relative likelihood of white staff accessing non-mandatory training and continuous professional development compared to BME	1.01	0.93	Improved
5	Percentage of staff experiencing harassment, bullying or abuse from the public in the last 12 months	28.6%	29.3%	Declined
6	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	27.7%	25.4%	Improved
7	Percentage of staff who believe that trust provides equal access to career progression or promotion	39.9%	41.2%	Improved
8	Percentage of staff who experience discrimination at work from a manager or other colleagues	15.2%	15.0%	Improved
9	Board representation	17.6%	26.7%	Improved

You can find full Workforce Race Equality Standard reports on the Trust's website in the [Equality, Diversity and Inclusion Section](#).

17. Summary of observations from workforce data

17.1 Age

Compared to the local population, the Trust's **workforce representation** has:

- Lower-than-expected representation of staff aged <20-25 and 66+
- Broadly equal representation of staff aged 61-65
- Higher-than-expected representation of staff aged 26-60

Pay Trends:

- Staff under 20 are only represented in bands 2 and 3
- Staff aged 21-30 are mainly represented in bands 3-6, and medical trainee grades
- Staff aged 31-50 are mainly in bands 3-8a; this group is also well represented in bands 8b-8c and most medical grades.
- Staff aged 51-65 are mainly represented in bands 2-7 but are also well represented in bands 8a onwards and medical and dental middle and consultant grades. Most of the VSMs are in this age group.
- Staff aged 66+ are mainly represented in bands 2-4 and medical and dental consultant grades. There is very low representation in 8a-9 (with only one person in 8b).

Within the Trust's **recruitment processes**, most age groups broadly see an increase from application to shortlisting stages but are broadly equally represented from shortlisting to appointment stages. For applicants aged 20-29, representation decreases while progressing through the stages of recruitment; those aged 35-39 conversely see an increase in representation when progressing through the stages of recruitment.

Due to limited data availability on the Trust's **employee relations** process broken down by protected characteristics, it is impossible to provide commentary for this group.

More work is needed to capture all **non-mandatory and continued professional development (CPD) training** on the Trust's Learning Management System (Elev8). The training data currently reports on data offered by the Learning and Development Department and does not include non-mandatory/CPD offers for medics, nurses, etc. From the data that is available, we can see:

- Compared to the overall workforce, a greater proportion of staff aged <20-25 and 51-60 accessed non-mandatory/CPD training. All other groups, whilst lower, have a broadly equal representation in accessing this type of training.

In the Trust's **leavers data**, compared to the workforce representation, a greater proportion of staff under 40 leave the Trust; all other age groups have a lower representation.

When reviewing the **NHS Staff Survey**, it is notable that the majority of age groups have experiences that are broadly equal or much better compared to the Trust's average performance.

However, some groups have highlighted a much poorer experience compared to the Trust average; these include:

- A lower proportion of staff aged 66+ (32.5%) believes that the Trust acts fairly regarding equal opportunities for progression or promotion.
- A higher proportion (36.0%) of staff aged 31-40 experiencing bullying, harassment or abuse from patients, service users or visitors; it should be noted that while staff age group 21-30 (34.8%) is broadly in line with the Trust average, it is very close to being disproportionate. Comparing the response rate for this question to the workforce representation, the overall number of respondents to the NHS Staff Survey for these age groups suggests a bigger proportion of staff than the base representation experience this behaviour.

- A lower proportion of staff aged 66+ (25%) are reporting their experience of bullying, harassment and abuse than the Trust average.

17.2 Disability

Compared to the local population, there is a much lower **workforce representation** of staff declaring that they have a disability. However, nearly half of the workforce has not declared their disability status. There is also a disparity of nearly 16% of staff that have declared a disability on the NHS Staff Survey and the Trust's local data.

As the declaration rate is so low, the **pay band data** will likely not truly reflect the actual representation of disability status in the Trust's pay structure. However, from the available information:

- There is a fair representation of disabled staff within bands 2-8a
- A low representation in band 8b and medical middle and consultant grades.
- There is a higher-than-expected representation of disabled staff in bands 8c, 8d and medical trainees.
- There is no representation in band 9 and within the VSMs.

Within the Trust's **recruitment processes**, there is a higher representation of disabled applicants than in the workforce. Disabled applicants appear to fare well in the Trust's recruitment processes as their representation increases through the different stages of recruitment. The opposite is true for non-disabled applicants.

Only data relating to capability by disability was available when writing this report for **employee relations** during the reporting period. There were four cases during 22/23, one of which involved a member of staff who declared they had a disability. This level of representation would suggest an overrepresentation compared to the overall workforce. However, in 2 cases (50%), the disability status was unknown, and the remaining case involved a staff member without a disability.

More work is needed to capture all **non-mandatory and continued professional development (CPD) training** on the Trust's Learning Management System (Elev8). The training data currently reports on data offered by the Learning and Development Department and does not include non-mandatory/CPD offers for medics, nurses, etc. From the data that is available, we can see:

- All groups access non-mandatory/CPD training in broadly equal representation as their workforce representation.

In the Trust's **leavers' data**, all groups have broadly proportional representation compared to the overall workforce representation.

In the **NHS Staff Survey**, in every question, staff with disability have identified that they have a poorer experience than non-disabled staff, the average for the Trust and the overall representation of disabled respondents (18.6%) to the NHS Staff Survey.

It should be noted while slightly poorer, there are two areas where the experience of staff with disabilities is broadly in line with the Trust average. These are:

- Staff with disabilities reporting incidents of bullying, harassment and abuse (47.1%)
- Experience of staff with disabilities receiving discriminatory behaviour from patients (12.3%).

Other notable areas of interest include:

- 35.4% of staff with disabilities stated they experienced discrimination because of their disability
- 64.7% of staff with disabilities stated they have adequate, reasonable adjustments.

Please see the [Workforce Disability Equality Standard](#) section for further information about the standard and links to recent reports.

17.3 Gender identity

Data on gender identity is not collected on ESR; it is impossible to provide commentary on the overall **workforce and pay structure representation**.

Due to an error with the TRAC data for this reporting period, data is unavailable for this protected characteristic on the representation within Trust **recruitment processes**.

Due to limited data availability on the Trust's **employee relations** process broken down by protected characteristics, it is impossible to provide commentary for this group.

Data about accessing **non-mandatory/continued professional development (CPD) training** for this protected characteristic is not collected.

Data about gender identity and **leavers** is not available.

Whilst data on data identity is collected in the **NHS Staff Survey**, the response rate is extremely low to provide any meaningful findings.

17.4 Marriage and civil partnership

Compared to the local population, there is a lower-than-expected **workforce representation** of married staff but a higher-than-expected representation of staff in a civil partnership.

Overall, **pay trends** for marriage and civil partnership show:

- Staff in a civil partnership are well represented in bands 2-8b and medical consultants; have a lower-than-expected representation in medical trainee grade roles; and no representation in 8c-VSM and medical middle-grade roles.
- Staff that are married have a good representation throughout all bands/grades. They also have a higher-than-expected representation in senior manager roles, VSM, medical consultant, and middle-grade roles.

Due to an error with the TRAC data for this reporting period, data is unavailable for this protected characteristic on the representation within Trust **recruitment processes**.

Due to limited data availability on the Trust's **employee relations** process broken down by protected characteristics, it is impossible to provide commentary for this group.

More work is needed to capture all **non-mandatory and continued professional development (CPD) training** on the Trust's Learning Management System (Elev8). The training data currently reports on data offered by the Learning and Development Department and does not include non-mandatory/CPD offers for medics, nurses, etc. From the data that is available, we can see:

- Compared to the overall workforce, a slightly lower proportion of married staff and a slightly higher proportion of staff in a civil partnership accessed non-mandatory/CPD training.

In the Trust's **leavers data**, compared to the overall workforce representation, fewer married staff and a broadly equal representation of staff in a civil partnership leaving the Trust.

Marriage and civil partnership status is not collected within the **NHS Staff Survey**.

17.5 Maternity and pregnancy

Reporting on staff that are either pregnant or on maternity leave is not available.

17.6 Race (this includes ethnic or national origins, colour or nationality)

Compared to the local population, the Trust **workforce representation** shows:

- There is a broadly similar representation of Black and Minority Ethnic (BME) staff as an overall group.
 - When breaking down the BME category, most groups have a lower representation than the local population except for Asian and Black staff (which is greater).
- There is a lower-than-expected representation of white staff.
- Over 1/5th of the workforce have not declared their ethnicity, which will likely mask the accurate picture of representation within the Trust's workforce.

In **pay bands** in agenda for change and VSM roles, the representation of BME staff drops as seniority increases; this is particularly noticeable from band seven upwards; the opposite occurs for white staff. For medical roles, there is a slightly lower-than-expected representation in trainee grades, a broadly equal representation in consultant grades and a much higher-than-expected representation in middle-grade roles. In medical roles, white staff have a greater-than-expected representation in consultant and training roles but a lower-than-expected representation in middle-grade roles.

In the Trust's **recruitment processes**, BME applicants see a decrease in representation when progressing through the different stages of recruitment. This trend may suggest a disadvantage for this group within the Trust's recruitment processes. Compared to the Trust's workforce, there is a greater representation of BME candidates at the application and shortlisting stages, but this reduces to a broadly similar level at the appointment stage.

The Trust's **employee relations** processes contain information about the disciplinary and capability processes broken down by race; we can see that:

- Of four capability cases during 22/23, three involved Black staff members, and one involved white staff members. This representation suggests an overrepresentation of Black staff and an underrepresentation of White staff in capability processes compared to the overall workforce.
- With disciplinary cases compared to the workforce, there is a broadly equal representation of Asian and Black staff and an overrepresentation of white staff from 'any other group'.

More work is needed to capture all **non-mandatory and continued professional development (CPD) training** on the Trust's Learning Management System (Elev8). The training data currently reports on data offered by the Learning and Development Department and does not include non-mandatory/CPD offers for medics, nurses, etc. From the data that is available, we can see:

- Compared to the overall workforce, all groups are accessing non-mandatory/CPD training in proportion.

In the Trust's **leavers data**, compared to the overall workforce representation, there are proportionally fewer BME and more white staff leaving the Trust. When breaking down the BME category, there are broadly equal Asian and mixed heritage staff leaving, and fewer Black and staff from 'other' ethnic groups.

In the **NHS Staff Survey**, most BME responses demonstrate a broadly similar experience to white staff and the Trust average. There are some areas where BME staff have a poorer experience than white staff, which include:

- BME staff feeling valued by their team (66.8%)
- BME staff feel that the Trust offer equal opportunities for progression and promotion (41.2%)
- All factors relating to discrimination.

There are also areas where BME staff responses demonstrate a poorer experience compared to the Trust average; these include:

- BME staff feel that the Trust offer equal opportunities for progression and promotion
- BME staff that have experienced racial discrimination (81% of BME respondents)

Please see the [Ethnicity Pay Gap](#) section for an overview of the findings and analysis.

Please see the [Workforce Race Equality Standard](#) section for further information about the standard and links to recent reports.

17.7 Religion or belief

With nearly half of the workforce not declaring a religion or belief, it is impossible to provide accurate commentary on the **workforce representation** compared to the local population and pay structures. However, from the limited available information, most groups have a lower-than-expected representation within the workforce; the exception is Hindus and those who have not declared which is greater.

From the limited information available regarding representation within the **pay bands** of religion or belief:

- Most minority groups have a fair-to-good representation in lower to middle-banded roles and a good representation in medical roles.
- Staff that are Sikh have a good representation in senior management roles.
- Staff that are Jewish have a good representation in 8a-b roles.
- Christians broadly have a fair-to-good representation in all bands and medical grades.
- Atheists have a good representation in bands 7-9 and medical consultant and trainee roles.
- For VSMs that have declared their religion or belief, they are either Christian or Atheist.
- 48.2% of staff have not declared their religion or belief, which masks the accurate picture of representation.

Due to an error with the TRAC data for this reporting period, data is unavailable for this protected characteristic on the representation of religion or belief within Trust **recruitment processes**.

Due to limited data availability on the Trust's **employee relations** process broken down by protected characteristics, it is impossible to provide commentary for this group.

More work is needed to capture all **non-mandatory and continued professional development (CPD) training** on the Trust's Learning Management System (Elev8). The training data currently reports on data offered by the Learning and Development Department and does not include non-mandatory/CPD offers for medics, nurses, etc. From the data that is available, we can see:

- Compared to the overall workforce, all groups access non-mandatory/CPD training in broadly equal proportion. However, a slight underrepresentation of Muslim and Jewish staff accessing this type of training exists.

In the Trust's **leavers data**, compared to the overall workforce representation, most groups are leaving the Trust in proportion; however, there is a greater representation of Atheist staff and unknown/declines to answer and fewer Christians.

In the NHS Staff Survey, most groups have a broadly equal or better experience than the Trust average.

However, there are groups which demonstrate a much poorer experience compared to the Trust average:

- Staff that are Buddhist in several areas, including bullying, harassment and abuse (all areas), feeling valued by staff and experiencing discrimination

- Staff that are Jewish experiencing bullying, harassment and abuse from patients (42.2%)
- Staff that are Muslim experiencing discrimination because of their religion (54.2%)
- Staff that have other religions regarding experiencing discrimination from patients (20.9%)
- Staff that have selected 'prefer not to say' demonstrate a poor experience in most of the questions.

17.8 Sex

Compared to the local population, there is a greater proportion of female staff and a lower of male staff within the **Trust's workforce**. However, this follows the national workforce trend for the NHS.

Within the **pay structure**, female staff are well represented in bands 3-8a and medical middle grades but have a lower-than-expected representation in bands 2, 8b-VSM and medical consultants and middle grades. The opposite of this trend is true for male staff.

Due to limited data availability on the Trust's **employee relations** process broken down by protected characteristics, it is impossible to provide commentary for this group.

More work is needed to capture all **non-mandatory and continued professional development (CPD) training** on the Trust's Learning Management System (Elev8). The training data currently reports on data offered by the Learning and Development Department and does not include non-mandatory/CPD offers for medics, nurses, etc. From the data that is available, we can see:

- Compared to the overall workforce, there is a slight underrepresentation of males and an overrepresentation of female staff accessing this type of training.

In the Trust's **leavers data**, compared to the overall workforce representation, there are broadly proportional amounts of male and female staff leaving the Trust.

The **NHS Staff Survey** highlights that male and female staff have experiences that are either better or equal to the Trust average. Those who have selected 'prefer not to say' have a demonstrably poorer experience than the Trust average.

Other specific areas of interest:

- Female staff have a slightly poorer experience (compared to the national Trust average) relating to bullying, harassment and abuse from patients (31.1% of female Trust staff that took part in the Staff Survey highlighted this compared to the national Trust average 28.1%)
- Both male and female staff cite experiencing more (compared to the Trust average) discrimination because of their sex.

Please see the [Gender Pay Gap](#) section for observations and a link to the full report.

17.9 Sexual orientation

Compared to the local population, representation within the **Trust's workforce** shows about half the amount of Lesbian, Gay, Bisexual, Undecided and Others (LGBUO) staff. However, with over 47% of the workforce either not declaring or choosing not to share their sexual orientation, this distorts the accurate picture of representation within the workforce.

Within the Trust's **pay structure**, there is a higher-than-expected representation of LGBUO staff in bands 5, 8a-9 and medical trainees; no representation in medical middle and VSM grades and a broadly equal to lower representation in all other pay bands.

Due to an error with the TRAC data for this reporting period, data is unavailable for this protected characteristic on the representation within Trust **recruitment processes**.

Due to limited data availability on the Trust's **employee relations** process broken down by protected characteristics, it is impossible to provide commentary for this group.

More work is needed to capture all **non-mandatory and continued professional development (CPD) training** on the Trust's Learning Management System (Elev8). The training data currently reports on data offered by the Learning and Development Department and does not include non-mandatory/CPD offers for medics, nurses, etc. From the data that is available, we can see:

- Compared to the overall workforce, there is a broadly equal representation for all groups; it should be noted that there is a slightly greater representation of staff that identify as LGBUO.

In the Trust's **leavers data**, compared to the overall workforce representation, all groups have a broadly equal representation in leavers data; however, staff that identify as LGBUO are slightly higher.

The **NHS Staff Survey** shows:

- Heterosexual staff have a better experience compared to the Trust average.
- Gay or lesbian staff have a broadly better or equal experience than the Trust average. There are some exceptions, which include reporting bullying, harassment and abuse (42.4%) and experiencing discrimination because of sexual orientation (57.1%)
- Bisexual staff broadly have a better or equal experience than the Trust average. The exceptions include experiencing bullying, harassment and abuse from patients (47.5%) and reporting bullying, harassment and abuse (36.8%)
- Staff with an 'other orientation, not listed' broadly have a poorer experience than the Trust average. The exception to this is experiencing bullying, harassment and abuse from patients (29.4%)
- Staff that selected 'prefer not to say' have a broadly worse experience than the Trust average, except for experiencing discrimination from patients (11.0%).

17.10 Actions we are taking to improve equity for the workforce

Table CT24 – Core actions being undertaken to improve equity for staff are:

Workstream name	Workstream detail	Measuring for progress
Improving staff declaration of equality information.	This ongoing programme of work will aim to improve the declaration rates of equality information of the workforce; there will be a strong focus on benefits to staff and why it is important. Different ways of engaging staff are being planned, and Integrated Clinical Service Units and departments are encouraged to provide leadership for their teams.	<ul style="list-style-type: none"> • Ongoing review of Electronic Staff Records data for declaration rates for staff for the recordable protected characteristics. • Improved declaration rates can be seen in a number of indicators/metrics related to the WRES/WDES, particularly around representation within pay bands.
Continued rollout of Just and Restorative Culture work.	This ongoing programme, started in July 22, forms part of the NHS England civility and respect framework and supports patient safety and staff wellbeing by moving to a restorative and learning culture when things go wrong.	<ul style="list-style-type: none"> • Reduction overall of the number of disciplinary and grievance cases in the Trust. HR have been providing this data broken down by race and disability to the Workforce Assurance Committee.

Workstream name	Workstream detail	Measuring for progress
		<ul style="list-style-type: none"> • Further improvement around disciplinary cases in Trust WRES data.
Diverse and Inclusion Panels	<p>This programme of work is being rolled out in Autumn Winter 23/24 aims to improve equity within the Trust's recruitment processes. The programme places a requirement for recruitment interview panels of posts that are band 7+ to have training on the diverse and inclusion panels process and to have a panel that is reflective of diverse communities.</p>	<ul style="list-style-type: none"> • Improved performance in recruitment for the Trust's WDES and WRES data. • Overall improved performance for all groups in the Trust's TRAC (recruitment system) data, which is presented in the annual Public Sector Equality Duty Report.
Staff Survey 22/23 Results	<p>Our Organisational Development Team has reviewed the Staff Survey findings and identified five key areas for improvement. Staff are being invited into listening events to provide their experience of the key areas where a workplan will be produced to deliver improvements. The key areas are:</p> <ul style="list-style-type: none"> • Fairness with career opportunities and progression • Additional unpaid hours • Health and wellbeing • Reasonable Adjustments • Having enough tools/equipment for staff to undertake their roles. 	<p>Each key area is attached to specific questions within the NHS Staff Survey, overall improvements will be seen in future publications of the survey results. However, it should be noted that each key area will have a specific workplan attached to them where progress will be monitored.</p>
Continued rollout of Reasonable Adjustments support for staff.	<p>The Inclusion Team launched:</p> <ul style="list-style-type: none"> • Disability and Reasonable Adjustment Guidelines • Health Passport • Centralised funding for reasonable adjustments <p>These will help ensure that staff with a long-term health condition can be supported in their roles.</p>	<p>Improvements will be seen in the WDES metric related to staff feeling they have adequate reasonable adjustments in place for their role.</p>
BME Band 2-7 Development Programme	<p>Following on from the successful trial cohort of this programme in 21/22 where 47% of attendees are now working in higher roles after attending this programme. A further two cohorts are planned for 23/24, the attendees will be provided with training, coaching and a work placement (at a higher banding than they currently are) to further their experience and exposure within the organisation.</p>	<ul style="list-style-type: none"> • Improvement within the Trust's WRES data around representation and staff feeling the Trust acts fairly regarding promotion/training opportunities. • The programme also has a standalone evaluation programme highlighting the statistical/experiential benefit the programme has had to staff.
Reciprocal Mentoring	<p>In 23/24 the Trust will launch its reciprocal mentoring programme. The programme aims to match junior and senior staff together so they can gain a</p>	<p>There are a number of key questions where this can be monitored, some of which are part of the WDES and WRES.</p>

Workstream name	Workstream detail	Measuring for progress
	better appreciation of current issues and challenges in the Trust and for its diverse staff. The programme aims to support greater systemic change for inclusion and active reduction in inequity.	These include: <ul style="list-style-type: none"> • Staff feeling there is fairness in development opportunities. • Staff experience of working in the Trust.
Improved sharing of data	The Recruitment and Inclusion teams will work together to ensure better sharing of information about Recruitment activity within the Trust.	Better coverage of inclusion data in future public sector equality duty reports.

D. Race and disability action plans

18.0 The Trust has reviewed and updated its race and disability workforce equality standard action plans following this year's outcomes. Details are shown overleaf.

Appendix A –Workforce Race Equality Standard action plan

The following areas have been identified from 2022-23 WRES data Reporting as areas requiring our greatest focus:-

Indicator 2 - BME applicants' recruitment from shortlisting compared to white applicants

Indicator 6 - Bullying & Harassment of BME staff from staff

Indicator 9 - BME Board Membership

Areas where further work is required cover: -

Indicator - 5 Bullying & Harassment of BME staff from patients, relatives or the public.

Indicator - 7 Equal opportunities for career progression and promotion

Indicator - 8 Discrimination of BME staff from managers and others

The specific actions have been grouped into four sections and linked to the relevant WRES indicator/s. Many planned activities will contribute toward multiple indicators, so primary and secondary indicators have been listed where applicable. Staff engagement is pivotal to achieving our goal, and an action to continue and improve staff engagement is also included.

Sections	Action Plan
<u>Section 1</u>	Debiasing recruitment
<u>Section 2</u>	Anti-racist culture
<u>Section 3</u>	Improving equal representation in leadership
<u>Section 4</u>	Career development for Band 2-7 BME Staff
<u>Section 5</u>	Workforce engagement

Debiasing recruitment

	WRES indicators	Action	Leads	Target date
1	1,2	Implement strengthened guidance and policy on inclusive & diverse panels	Inclusion Directors	31.03.2024
2	1,2	Monitoring and embedding of the diverse and inclusive recruitment panel process and evaluate impact	Recruitment Services Manager & EDI Lead	30.06.2024
3	1,2	Quarterly monitoring of recruitment outcomes by ICSU/department against targets	Recruitment Team	31.03.2034
4	1,2	Quarterly ICSU/corporate departments WRES dashboard for performance reviews	Inclusion Directors, Workforce & OD	31.03.2024
5	1,2	Use and embed positive action and targeted engagement to attract and recruit ethnic minority staff	Inclusion Directors	30.06.2024
6	1,2	Engage with local schools and colleagues to promote Whittington Health as an employer of choice	Inclusion Directors & Recruitment Team	31.03.2024
7	1,2	Work with ICSUs and corporate departments to improve the coverage of our workforce disability and race data	Inclusion Directors	Ongoing – progress review 31.03.2024

Anti-racist culture

	WRES indicators	Action	Leads	Target date
1	2,3,4,5,6,7,8	Review and update the Building Inclusive Culture inhouse training. To include, anti racist actions, translating See ME First pledges to actions and bystander to upstander learning outcomes	EDI Directors / EDI Lead / OD	31.03.2024
2	All	Develop EDI/WRES Leadership Programme for Divisional managers, EDI leads & allies. This programme will provide robust baseline capacity building on legal compliance, equality analysis and practical application of embedding EDI in all Trust activities and functions, including equality of opportunity in career progression and development across all protected groups	EDI Directors / EDI Lead /OD	31.03.2024
3	1,4,5,6,7,8	In conjunction with OD colleagues, develop diverse and inclusive recruitment and selection training for recruiting managers and interview panel members on conscious and unconscious bias,	EDI Directors / EDI Lead/OD	30.06.2024

	WRES indicators	Action	Leads	Target date
		favouritism, and prejudice and create accountability		
4	2	In collaboration with OD and HR, aim to mandate recruitment and selection training for recruiting manager and interview panel chair. In due course, to extend this to all panel members	EDI Directors / EDI Lead/ Recruitment Team	30.06.2024
5	1, 8	Monitor the impact of the reciprocal mentoring programme.	Head of Organisational Development & EDI Directors	31.03.2024 - 30.06.2024
6	2,6,8	Continue the rollout of Restorative and Just Culture Work	Associate Director of HR	31.03.2024
7	3,7,8	In response to the RCN Anti-Racist publication and Capital Midwife Anti-Racist Framework, launch the nursing and midwifery reverse mentoring programme to support the education of senior colleagues learning from a junior BME colleague to exchange knowledge, experience, and skills in support of anti-racist practice and culture.	Joint Director of Inclusion & Chief Nurse & Director for Allied Health Care Profession	31.03.2024
8	3	Maintain oversight of progress on indicator 3, by continuing the fair panel process of employee relations cases.	Deputy Head of HR	Ongoing – progress review 31.03.2024
9	5, 6 & 7	Review reporting and support mechanisms for staff that have experienced racial discrimination at work.	EDI Lead, FTSU Lead/ Head of Health, Wellbeing and Engagement	31.03.2024
10	5	Monitor the impact and review the Challenging Behaviour Policy	Challenging Behaviours Group	31.03.2024
11	5	In collaboration with local police forces and clinical staff implement the South Warwickshire NHS Foundation Trust's violence and aggression poster	Joint Directors of Inclusion	31.03.2024
12	5	Profile and promote the Adult Community Services Integrated Clinical Unit as good practice in management of challenging from patients, relatives and others.	Joint Directors of Inclusion	31.03.2024
13	1-8	Launch Religion and Culture Guide	Joint Directors of	01.01.2024

	WRES indicators	Action	Leads	Target date
			Inclusion	

Equal representation in leadership

	WRES indicators	Action	Leads	Target date
1	1, 4, 7, 8, 9	Increase the diversity of the Trust Board by proposing Associate Non-Executive Director roles	Inclusion Directors	31.03.2025
2	1, 4, 7,8	In partnership with ICSUs' develop succession plans to help increase the diversity of senior teams to better reflect our diverse patient community	Inclusion Directors	30.06.2024
3	1, 4, 7,8	Ongoing career and interview skills training for staff	Inclusion Directors, Staff networks, OD	Ongoing
4	1, 4, 7,8	Review and ensure all non-mandatory training learning and development opportunities are monitored and reported by protected characteristics to identify any potential inequalities	Chief Nurse's education team, Medical Education team	31.03.2024

Career development & progression

	WRES indicators	Action	Leads	Target date
1	1, 1,2,4,7	Create and build up list/bank of internal career coaches/mentors, and relationships train new/existing coaches/mentors as necessary	Head of Organisational Development	Ongoing – progress review 31.03.2024
2	1, 2, 3, 5, 6,8	Ongoing improvement of the appraisal process - line manager clarity on expectations and responsibilities in supporting staff to develop meaningful PDPs as a part of the annual appraisal process.	AD Human Resources Organisational Development	30.06.2024
3	1, 4,7	Produce a Managers' Diversity Guide to help increase confidence and capability in managing diversity and diverse teams	Inclusion Directors, E DI Lead	30.06.2024
4	1, 2,8	Assess the impact of BME Band 2-7 Development Programme. 3 rd cohort to complete in December 2024	Head of Organisational Development	31.03.2024 & 31.03.2025
5	4	Review coverage of training activity data and draw up plans to include all training activity.	Head of Learning and Development	31.03.2024
6	1, 2, 3, 5, 6, 8	Complete pilots in ICSUs and share learning for the implementation of a Trust wide talent management programme & succession planning	Organisation Development, EIM and ACS ICSUs, Inclusion Directors	31.03.2024
7	1,2,4,7,9	Review process for applying for and awarding secondments, ensuring that it is transparent, unbiased and links with successful	AD Human Resources Organisational	30.06.24

		planning framework.	Development	
8	1, 2, 3, 5, 6,8	Following a successful pilot, implement the offer of External mentoring scheme for BME staff who will benefit/request it	Inclusion Directors Organisational Development	30.06.2024

Workforce engagement

	WRES indicators	Action	Leads	Target date
1	1	Ongoing programme of encouraging staff to share their diversity data.	EDI Lead	Ongoing progress review 31.03.2024
2	All	Build on the success of See ME First as a workforce engagement tool in supporting the development and sustaining of an anti-racist culture	Inclusion Directors ICSU's Directors	Ongoing progress review 31.03.2024
3	1, 4,7	Produce a Managers' Diversity Guide to help increase confidence and capability in managing diversity and diverse teams	Inclusion Directors, EDI Lead	30.06.2024
4	1,3,5,6,7,8,	Review staff network activities update reports for pertinent information. Maintain support to the staff network as required	EDI Lead	Ongoing – progress review 31.03.2024
5	1, 4,7	Develop & implement Diverse & Inclusion Panel Principles & Guidance including pre and post checklist for panel chair and staff members	Inclusion Directors	31.03.2024
6	1, 2, 3, 5, 6,8	Utilise ICSU board meetings, departmental and Trust middle management forums to highlight and provide updates on Trust activities	Inclusion Directors, EDI Lead	Ongoing
7	1, 2, 3, 5, 6,8	Build a network of 'WRES focussed inclusion champions/'allies' made up of clinical and non-clinical staff from all grade and professional group.	Inclusion Directors, EDI Lead	30.06.2024
8	1, 2, 3, 5, 6,8	Develop Anti racist content/resource and revamp intranet and internet pages	Inclusion Directors, EDI Lead, Comms Team	31.03.2024
9	All	Develop and implement a dashboard for ICSU/corporate departments to measure WRES progress and allow for accountability	Inclusion Directors	30.06.2024



Meeting title	Trust Board - public meeting	Date: 29 November 2023
Report title	Improvement Performance & Digital Committee Chair's report	Agenda item: 8
Committee Chair	Junaid Bajwa, Non-Executive Director	
Executive director lead	Jonathan Gardner, Director of Strategy & Corporate Affairs	
Report author	Marcia Marrast-Lewis, Assistant Trust Secretary	
Executive summary	<p>The Improvement Performance & Digital Committee met on 9 October 2023 and took significant assurance from the following items considered:</p> <ul style="list-style-type: none">• Incidents update• Maternity Badgernet System• Innovation & Agility Assurance Update –• Digital Strategy progress report• Update on data quality & Business intelligence• System C Contract Update• Digitising health records• DSPT Update• Risk update <p>The Committee also received a presentation on the outcome of a deep dive of cancer performance.</p> <p>There are no items for which the Committee is reporting limited assurance to the Board.</p>	
Purpose	Note	
Recommendations	Board members are asked to note the Chair's assurance report for the meeting held on 9 October 2023	
Board Assurance Framework	Sustainable 3 – Digital strategy and interoperability strategic objective entry	
Appendices	None	

Committee Chair's Assurance report

Committee name	Improvement Performance & Digital Committee
Date of meeting	9 October 2023
Summary of assurance:	
1.	The Committee confirms to the Trust Board that it took good assurance in the following areas:
	<p>Maternity Electronic Patient Record (EPR) change to BadgerNet The Committee considered a proposal to replace the Medway Maternity Careflow System with Badgernet EPR System. The Committee was informed that Medway Maternity Careflow would be phased down within two to three years and the intention was that all hospital trusts that used Medway Maternity would move to Badgernet. An internal assessment of the options available to the Trust had been carried where it was agreed that a move to Badgernet as soon as possible with the support of System C was the preferred option. It was noted that the interface with Medway Maternity Careflow had not been developed for many years and had proved challenging to meet data and Maternity Incentive Scheme compliance.</p> <p>The Committee approved the move to BadgerNet as the Maternity EPR and the development of a full Business Case</p>
	<p>Cancer Performance Deep Dive The Committee received a presentation on cancer performance at the Trust. It was noted that cancer performance had been a national issue and that the Trust had been in discussions with the Regional Team and the Cancer Alliance to develop a way forward.</p> <p>The Committee was advised that three main changes cancer standards had been effected which related to:</p> <ul style="list-style-type: none"> • the 28-Day Faster Diagnosis Standard (FDS) • the 62-day referral to treatment standard • the 31-day decision to treat to treatment standard <p>The Committee was apprised of the plans to reduce the backlog of waiting lists which included the addition of more clinics to negate the impact of industrial action, insourcing and working with system partners to create more capacity. It was anticipated that the Trust would achieve the 75% faster diagnosis standard by March 2024. Additional bids had also been accepted by the Cancer Alliance to support endoscopy EIM service which would maximise use of the fourth room. An innovation and digital bid had been accepted for dermatology and other high-volume areas to improve the triage of cancer patients.</p> <p>The Committee agreed that a future report on progress would be brought back to the Committee for assurance.</p>
	<p>Digital Strategy progress report The Committee received a schematic on the progress made against the Digital Strategy. A digital strategy refresh was scheduled for 2024 when the current strategy expired. The refresh would include a review, the addition of national</p>

	<p>priorities, discussions with internal and external stakeholders, the inclusion of mission statements, achievements and current assessments. A draft document would be considered through the governance framework culminating with approval at the Trust Board.</p> <p>The Committee noted the report.</p>
	<p>Update on data quality & business intelligence</p> <p>The Committee was informed of the imminent roll out of the Power Business Intelligence (BI) Solution scheduled to come into effect from 23 October 2023 and ready for user testing on eight dashboards. The Committee received assurance that the solution would save money on licences for QLIK View and would drive efficiency in operational teams and support services.</p> <p>The Committee noted the report.</p>
	<p>System C contract update</p> <p>The Committee considered an update on the progress of the contract renewal with System C through a direct award. The Committee noted that a number of issues had been raised which ranged from a significant price uplift, a proposal for financial concessions if the Trust was to become an innovative partner and a potential time lag if issues were not resolved in a timely manner. It was agreed that a follow-up letter to resolve the pricing issue and IT incidents should be sent to System C. In the meantime, a CEO escalation meeting to discuss concerns would be arranged.</p> <p>The Committee noted the report.</p>
	<p>Digitising health records</p> <p>The Committee discussed the digitising health records project, which would be carried out to free space in the health records departments for conversion into a decant ward. The technical aspects of the project and specific details around the exercise had yet to be finalised with the contractor but a timeline of 20 weeks had been put forward for the removal of paper files to enable scanning. A decision on the storage of paper records and associated costs would also need to be agreed.</p> <p>The Committee agreed that a formal proposal to include cost and timelines should be worked up.</p>
	<p>Data Security & Protection Toolkit (DSPT) update</p> <p>The Committee received the report on the outcome of Internal Auditors review of the Trust DSPT Submission for 2022/23 which was carried out to assess the progress made against assertions since the pre-submission review. The Committee noted the Trust's response to the assertions and were assured areas of weakness in controls identified in the review had been mitigated.</p> <p>The Committee noted the report.</p>

	<p>Risk Update The Committee received the report and was advised that IT risks were reviewed monthly.</p> <p>The Committee noted the report.</p>
	<p>Board Assurance Framework (BAF) The Committee considered the quarter two 2023/24 Board Assurance Framework Sustainable 3 entry related to digital transformation and interoperability. It was noted that the risk descriptor had been revised and updated to describe the measures that needed to be taken to protect hospital IT systems, hardware and software which was necessary to avert IT downtime.</p> <p>The Committee agreed the current total risk score; and the revised risk description for the Sustainable 3 entry.</p> <p>The Committee noted the Board Assurance Framework.</p>
2.	<p>The Committee confirms to the Trust Board that it took reasonable assurance in the following area:</p> <p>IT related incidents The Committee received a report on recent IT incidents impacting the performance of clinical systems and poor mobile phone coverage arising from problems with Vodaphone and EE telephone masts. The Committee was informed that discussions with vendors to arrange the redirection of telephone signals had taken place while the masts underwent repair. The Committee received assurance that IT teams had worked hard to rectify the faults with clinical systems and that patient safety was not compromised during IT downtimes.</p> <p>The Committee agreed to continue to monitor and review the number of IT incidents and would receive a report on the wellbeing of IT teams as they continue to mitigate and manage IT incidents.</p>
2.	<p>Present: Junaid Bajwa, Non-Executive Director (Committee Chair) Naomi Fulop, Non-Executive Director Jonathan Gardner, Director of Strategy and Corporate Affairs Mark Livingstone, Director of Allied Health Professionals Sam Barclay, Chief Clinical Information Officer Hugo Mathias, Chief Information Officer Chinyama Okunuga, Chief Operating Officer</p> <p>In attendance: Helen Brown, Chief executive Officer Helen Taylor, Clinical Director ACW Dale-Charlotte Moore, Deputy Chief Operating Officer Mike Cooshnea, Director of Operations EIM/Deputy Chief Operating Officer Paul Attwal, Head of Performance</p>

<p>Marcia Marrast-Lewis, Assistant Trust Secretary David Crosby, Director of Operations Surgery and Cancer</p> <p>Apologies Iolanda Pedrosa, Chief Nursing Midwifery & Allied Health Professionals Information Officer, Jerry Francine, Interim Chief Finance Officer Clare Dollery, Medical Director.</p>



Meeting title	Trust Board – public meeting	Date: 29 November 2023
Report title	Audit & Risk Committee Chair's Assurance report	Agenda item: 9
Committee Chair	Rob Vincent, Non-Executive Director	
Executive director lead	Jerry Francine, Interim Chief Finance Officer	
Report author	Marcia Marrast-Lewis Assistant Trust Secretary	
Executive summary	<p>This report details areas of assurance from the items considered at the Audit and Risk Committee meeting held on 25 September 2023.</p> <p>Areas of significant assurance:</p> <ul style="list-style-type: none">• Internal audit reviews – Covid 19 – Public Enquiry Preparedness• External Audit Progress Report & Technical Update <p>Areas of moderate assurance:</p> <ul style="list-style-type: none">• Internal audit reviews – Complaints• Progress with delivery of the internal audit plan• Trust Risk Register and Board Assurance Framework• Tender waiver and breaches <p>The Committee also discussed reports covering losses and special payments, NHS and non-NHS debtors, outsourcing and the Chair's assurance report for the Quality Assurance Committee.</p> <p>In addition, the Committee noted a report from Counter-fraud and KPMG on the 2023/24 external audit plan.</p>	
Purpose	Noting	
Recommendations	Board members are invited to note the Chair's assurance report for the Audit and Risk Committee meeting held on 25 September 2025.	
BAF reference	All entries	
Report history	Board meetings following each Committee meeting	
Appendices	None	

Committee Chair's Assurance report

Committee name	Audit and Risk Committee
Date of meetings	25 September 2023
Summary of assurance:	
1.	<p>The Committee can report reasonable assurance to the Trust Board in the following areas:</p> <p>Internal audit review – Covid 1- Public Inquiry Preparedness Committee members took good assurance from the outcome of the review of the Covid 19 Public Inquiry Preparedness. The review concluded that overall, The Trust provided sufficient evidence to support the governance and oversight arrangements that were implemented throughout the Covid-19 pandemic and therefore the Trust was well prepared the Covid-19 Inquiry. RSM highlighted two actions within the review; the completion of After-Action Reviews of the Covid response, which has since been completed and the other action related to the development of a consistent Covid-19 Strategy, to ensure changes to iterations were clear and visible. The Committee discussed the merits of sharing the after-action review with staff as it was felt that while the after-action review reported on things that went well during the pandemic there were elements that the Trust could have done better. It was agreed that the after-action review would be submitted to the Trust Board for assurance.</p>
2.	<p>The Committee can report partial assurance to the Trust Board in the following areas:</p> <p>Internal audit review – Complaints Process Committee members noted the review's outcome of partial assurance. It concluded that overall, further work was required to improve the culture of learning from complaints through the development of action and improvement plans underpinned by the results of complaint data across the Trust. It was noted that the governance around complaint data was robust, but enhancements were needed at Integrated Clinical Support Unit (ICSU) level to ensure that complaint data was used to drive improvements with the aim of reducing the number of complaints overall. The review raised one high and seven medium priority actions. The high priority action related to the timelines of acknowledging, investigating, and responding to complaints. The Committee was informed that a benchmarking exercise was carried out by Internal Auditors to identify lessons that could be shared in terms best practice within the Health Service. The Committee received assurance that focussed work had been undertaken with the ICSU's to address the backlog of overdue complaints which has, in part, been reduced.</p> <p>Progress with delivery of the internal audit plan The Committee took moderate assurance from the report. It highlighted progress with the internal audit plan and that two reviews were in progress, Discharge Management, and Incidents – Controlled Drugs. The report also highlighted the outcome of a healthcare benchmarking exercise undertaken by Internal Auditors for the period 2022/23. The report provided data from which</p>

	<p>the Trust could self-assess against a set of healthcare providers across community and mental health care settings. The benchmarking data was based on all of the internal audit assurance reports issued during the audit year 2022/23.</p> <p>Committee members were apprised of progress of the follow up of management actions which confirmed that out of 31 management actions that were due, 10 had been implemented, 14 remained in progress and five were overdue. Committee members also fed back the need for better engagement between Internal Auditors and Management where there was no response on outstanding actions.</p> <p>Trust Risk Register and Board Assurance Framework</p> <p>The Committee noted the good progress made on the review and update of entries on the risk register. The Committee noted that the risk register and board assurance framework had been discussed at the Quality Governance Committee and Trust Management Group. It was reported that:</p> <ul style="list-style-type: none"> • 31 high risks recorded on the risk register. • No new high risks were recorded for the reported period. • There were 2 risks increased from 16 to 20 related to acute site ventilation within Children & Young People and Emergency Integrated Medicine, and the shortfall on cost improvement programme (CIP) targets in Surgery and Cancer. • Four high risks were downgraded to moderate. • One risk was closed. <p>The Committee also approved the board assurance framework which had been amended to reflect minor changes in the risk descriptors related to Sustainable 3 – digital transformation and interoperability.</p> <p>Tender waiver and breaches</p> <p>Phil Montgomery presented the report which covered a three-month period from May to July 2023. The Committee noted that 17 waiver applications were approved during this period, this represented a significant decrease when compared with previous reports. It was reported that following a deep dive covering the period 1 April 2022 to 31 March 2023, a total of 143 waiver applications were submitted of which 35 were rejected. Fourteen of the applications were in excess of the Trust's waiver threshold limit. The Committee was assured that breaches were appropriately managed and that breach numbers were low.</p>
3.	<p>External Audit Progress Report</p> <p>The Committee received an update on the work undertaken since the last report, External Auditors had:</p> <ul style="list-style-type: none"> • completed and certified the Trust's external audit and issued an unmodified audit opinion for the year ended March 2023 • completed the Trust's Value for Money assessment which reported no significant risks or weaknesses in the Trust's arrangements for the year

	<p>ended 31 March 2023 and issued the Auditor's Annual Report which would be published on the Trust's website before the end of September 2023.</p> <ul style="list-style-type: none"> • commenced planning and regular liaison meetings with the management in preparation for the 2024 external audit cycle; and • would start the planning and risk assessment process for the 2024 audit. <p>Bounds Green Fire</p> <p>The Committee received a report on potential losses related to a fire at the Bounds Green Health Centre on 28 August 2023. No harm was caused to persons, but the building and its contents suffered smoke and water damage. The precise quantum of damages had yet to be assessed, but the Trust was working to submit an insurance claim. The Committee received assurance that should an impairment be required; it would be recorded as a loss outside of normal operations and would not impact the Trust's control total. The Committee agreed to maintain a watching brief on the matter.</p> <p>Losses and Special Payments</p> <p>The Committee was informed that no special payments were made for the reported period. There were two salary overpayment write offs which totalled £1,319 which originated in 2018. The Committee was assured that managers were regularly reminded to inform payroll when employees resigned from the Trust and work was in progress to enhance those communications.</p> <p>Matters to escalate to the Trust Board</p> <p>The Committee agreed that the following items be escalated to the Trust Board:</p> <ol style="list-style-type: none"> 1. Internal Auditors report on preparations for the COVID enquiry 2. Internal Auditors report on complaints handling 3. Internal Auditors benchmarking reflecting the views of the meeting.
4.	<p>Meeting attendance:</p> <p>Present:</p> <p>Robert Vincent, Non-Executive Director, Committee Chair Glenys Thornton, Non-Executive Director Amanda Gibbon, Non-Executive Director</p> <p>In attendance</p> <p>Helen Brown, Chief Executive Daniella Cohen, Senior Auditor RSM Jerry Francine, Interim Chief Finance Officer Jonathan Gardner, Director of Strategy, Development & Corporate Affairs Martin Linton, Assistant Director of Financial Services Fleur Nieboer, Director, KPMG Clive Makombera, Partner, RSM Phill Montgomery, Procurement Business Partner Chinyama Okunuga, Chief Operating Officer Marcia Marrast-Lewis, Assistant Trust Secretary James Shortall, Counter Fraud Specialist Mohini Katoch, Manager, KPMG</p>

<p>Amy White, Deloitte Vivien Bucke, Business Support Manager, Finance</p> <p>Apologies: Clare Dollery, Medical Director Swarnjit Singh, Joint Director of Inclusion and Trust Secretary John Elbake, Senior Manager RSM</p>



Meeting title	Trust Board – public meeting	Date: 29 November 2023
Report title	Charitable Funds Committee Chair's Assurance report	Agenda item: 10
Executive lead	Chief Strategy Digital & Improvement Officer	
Report author	Marcia Marrast-Lewis – Assistant Trust Secretary	
Executive summary	<p>In line with governance arrangements, this Committee Chair's report reports on areas of assurance on the items considered at the 21 September 2023 Charitable Funds Committee meeting which included:</p> <ul style="list-style-type: none">• Month 4 Finance Report including Fund Balances.• Charity Investment Transfer• Urgent Assistance Fund• Philanthropy Workshop• Charity Report• Applications for funding• <p>Other key issues: There were no items covered at these meetings for which where the Committee is reporting limited assurance to the Trust Board.</p>	
Purpose:	Noting	
Recommendation(s)	Board members are invited to note the Chair's assurance report for the Charitable Funds Committee meeting held on 21 September 2023 and the applications for funding agreed.	
Risk Register or Board Assurance Framework	Sustainability 1	
Appendices	N/A	

Committee Chair's Assurance report:	Charitable Funds Committee
Date of meeting	21 September 2023
Summary of assurance:	
1.	<p>The Committee can report significant assurance to the Trust Board in the following areas:</p> <p>Month 4 Finance Report</p> <ul style="list-style-type: none"> • Reported income to 31 July 2023 was £148k. • Expenditure to July was £248k • There was a net consumption of Charitable funds in the amount of £100k before movements in the investment portfolio was taken into consideration. <p>The Committee was informed that the investment portfolio incurred a loss of £7k at the end of quarter. The total fund balance as at 31 July was £1.629m.</p> <p>The Committee was advised that Gift Aid had not been received for a period of several years as the Charity's bank account details had not been updated on the HMRC site. Several attempts to update the bank account details have been made in the last 12 months which had been rejected by HMRC. The most recent change was submitted on 4 August and rejected. The Trust was now working to resolve the situation so that the Gift Aid receipts will reach the Charity's bank account as soon as possible.</p> <p>Charity Investment Transfer</p> <p>The Committee received confirmation that the transfer of the Charity's investment portfolio from Investec to CCLA had commenced and would shortly be completed.</p> <p>Urgent Assistance Fund</p> <p>The Committee received an update on plans around the urgent assistance fund. By way of a recap, the Committee was reminded that an urgent assistance fund was set up to deal with low value urgent requests for funding that fell outside of the usual grants process. The aim of which was to meet an immediate need with speed and ease that could have a disproportionate impact through relief of distress or delivery of joy. The Committee received assurance that the governance process around these requests had been strengthened and good faith would be invested in clinicians and staff that make requests at short notice, on behalf of patients to improve patient experience and care. The Committee was also assured that the Fund would not be used as an alternative to the Charity's usual grant-making process and was for urgent cases only.</p> <p>Philanthropy Workshop</p> <p>The Committee received a proposal to hold philanthropy support workshop for clinicians and senior leaders. The purpose of the workshop was to promote a sense of confidence and competence as a clinician and senior leader of the organisation to make the most of philanthropic opportunities when presented by patients, friends and families.</p> <p>Committee members supported the workshop.</p>

Charity Report

The Committee received the report on fundraising activity for the period 10 May to 12 September. The Charity had made good progress during the summer period and a number of sizeable gifts had been secured towards a variety of projects. Major gifts coming from clinician relationships had also increased. Little progress had been made with past patient mailing but this would be offset with the launch of the Wi-Fi project.

Income for the period totalled £175,479.58 and was broken down, as follows:

Donations:	£62,717.81
Grants	£107,749.76
Merchandise	£1,949.47
Sponsorship:	£3,062.54
Total	£175,479.58

Fundraising activity this quarter included:

- £10,000 gift for the ITU/dementia garden
- £19,420.81 gift from grateful family member in support of ITU staff and patient wellbeing
- £10,000 gift (unrestricted)
- £22.5k in-kind gift for pro-bono design of dementia courtyard
- US\$125,000 donation for Michael Palin Centre (first of two instalments against 2023/24
- US\$250,000 pledge
- £5,000 gift for the Michael Palin Centre
- £10,366.90 gift as result of partnership with Mayor of Islington
- £1,000 gift
- £1,250 gift

The Committee noted the actions taken against recommendations made following a review undertaken by the More Partnership of major gifts and public fundraising at the Charity. It was agreed that specific key performance indicators would be agreed to monitor progress.

2. The Committee is reporting moderate assurance to the Board on the following matters:

Applications for funding

The Committee reviewed and endorsed eight bids, totalling £78k and covering the following areas:

- Fish tank maintenance and replenishment, subject to lower quotes
- Therapeutic massage and scar therapy
- Uniform for volunteers
- Intensive Treatment Unit staff wellbeing
- Bladder scanner
- Psychosocial support to patients through The C Factor Group
- Turkish pain project
- Half-day hall hire

The Committee approved a total of eight bids totalling £78k

3.	<p>Other key issues</p> <p>The three items to refer to the Trust Board were:</p> <ol style="list-style-type: none"> 1. The positive change of direction of the Charity. 2. The approach taken to applications for funding and fundraising. 3. Having a Board seminar to raise the awareness of the Trustees' role.
4.	<p>Attendance:</p> <p>Amanda Gibbon – Non-Executive Director (Committee Chair) Julia Neuberger – Trust Chair and Non-Executive Director Jerry Francine – Interim Chief Finance Officer Helen Brown - Chief Executive Jonathan Gardner – Director of Strategy & Corporate Affairs</p> <p>Fundraising:</p> <p>Sam Lister – Head of Charity Martin Linton – Assistant Director Financial Services Sarah Wilding - Chief Nurse & Director of Allied Health Professionals Marcia Marrast – Assistant Secretary Vivien Bucke - Business Support Manager</p> <p>Apologies:</p> <p>Swarnjit Singh – Joint Director Inclusion/Trust Secretary Clare Dollery - Medical Director</p>



Meeting Title	Trust Board - public meeting	Date: 29 November 2023
Report Title	Integrated Performance Report	Agenda Item: 11
Executive Director Lead	Jonathan Gardner, Chief Strategy Digital & Improvement Officer	
Report Owner	Paul Attwal, Head of Performance, Jennifer Marlow, Performance Manager	
Executive Summary	<p>Board Members should note that all metrics are shown in summary, but only certain measures have been highlighted for further analysis and explanation based on their trajectory, importance, and assurance.</p> <p>This report should be read in the context of considerable pressures of high demand in our urgent care pathways, as well as elective pathways, and in the month of August there was a 96-hour junior doctor strike. The organisation has put considerable effort at every level to mitigate these issues through keeping extra beds open and bringing in extra resources where possible.</p> <p>Emergency Care Flow During October 2023, performance against the 4-hour access standard was 60%, which is lower than the NCL average of 69.4%, and lower than the London average of 71.58% and the national average of 70.25%. There were 309 12-hour trolley breaches in October 2023, however this figure has yet to be validated. <i>*12-hour trolley breaches show the numbers of patients who waited longer than 12 hours to be admitted to the ward following a decision to admit (DTA)</i></p> <p>Cancer 28 Day Faster Diagnosis was at 69.6% in September 2023 against a standard of 75%, this is a worsening of 5.3% compared to 74.9% in August 2023. 62-day referral to treatment performance was at 70.4% for September 2023 against a target of 85%. This is an improvement of 10.8% compared to 59.6% in August 2023. At the end of October 2023, the Trusts position against the 62-day backlog was ahead of trajectory with 68 against a target of 75.</p> <p>Referral to Treatment: 52+ Week Waits Performance against 18-week standard for October was: 62.8%, this is a worsening 1.4% from September's performance of 64.2%. The Trust position against the 52-week performance has worsened from 689 patients waiting more than 52 weeks for treatment in September 2023 to 768 in October 2023. The Trust had 20 patients over 78 weeks at the end of October 2023 against a target of 0.</p> <p>Workforce Appraisal rates have remained steady throughout September 2023 and October 2023 at 78.7%. Work continues to support service areas to improve overall compliance. October's performance for Mandatory was 87.5% against a target of 85%, this has shown a sustained level of performance.</p>	
Purpose:	Review and assurance of Trust performance compliance	

Recommendation	That the Board takes assurance the Trust is managing performance compliance and is putting into place remedial actions for areas off plan
Risk Register or Board Assurance Framework	The following BAF entries are linked: Quality 1; Quality 2; Quality 3; People 1; and, People 2.
Report history	Trust Management Group

Whittington Health NHS Trust

Performance Report

November 2023
Month 7 (2023-2024)



Community - Performance Dashboard

Indicator	Target	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	2023-2024	Activity
IAPT Moving to Recovery	>50%	50.7%	49.0%	53.1%	50.7%	52.5%	48.7%	50.0%	49.9%	44.5%	43.8%	46.8%		47.4%	
IAPT Waiting Times for Treatment (% <6 wks)	>75%	92.0%	91.9%	92.9%	92.0%	93.3%	96.2%	95.9%	94.4%	90.9%	93.1%	90.7%		93.5%	
% Of Msk PTS With a Significant Improvement in Function (PSFS)	>75%	87.5%	93.9%	90.7%	74.4%	91.5%	81.7%	75.8%	83.3%	77.5%	79.8%	84.5%	79.5%	80.1%	
% Of Podiatry PTS With a Significant Improvement in Pain (VAS)	>75%	100.0%	80.0%	91.7%	89.5%	87.5%	83.3%	75.0%	59.5%	79.2%	72.7%	66.7%	75.0%	69.8%	
Icctt - % Patients With Self-Directed Goals Set at Discharge	>70%	81.5%	71.3%	70.1%	72.8%	75.3%	77.4%	70.4%	74.3%	70.9%	71.6%	72.0%	71.2%	72.1%	
Icctt - % Gas Scores Improved or Remained the Same at Discharge	>70%	95.9%	88.4%	92.7%	94.7%	95.5%	87.7%	94.7%	89.1%	91.1%	89.7%	91.7%	91.7%	91.1%	
REACH - % BBIC Scores Improved or Remained the Same at Discharge	>75%	100.0%		100.0%	100.0%	85.7%	75.0%	100.0%	80.0%	100.0%	100.0%	100.0%	100.0%	93.1%	
Hadkney Smoking Cessation: % Who Set Quit Date and Stopped After 4 Weeks	>45%	50.7%		54.3%				51.9%			54.8%			53.4%	

Community Data – Upcoming Changes

Over the next few months there will be changes to the adult and children Community services data presented, and the areas for commentary. Changes are expected to be finalised by January 2024 and will focus on the following areas.

- Review of Community Dashboard metrics reported for Trust Board
- Review of Community Waits metrics reported for Trust Board
- Review of Childrens Waits metrics for Trust Board
- Addition of new Childrens Community metrics and monthly spotlight on areas of improvement within the service.

Adult Community - Waiting Times

Indicator (Routine Appointments)	Target	Target Weeks	Aug-23	Sep-23	Oct-23	Average Wait (Latest Month)	No. of Patients Seen
Community Matron	>95%	6	100.0%	88.9%	87.5%	3.7	8
Adult Wheelchair Service	>95%	8	100.0%	100.0%	100.0%	1.3	60
Community Rehabilitation (CRT)	>95%	12	68.8%	75.4%	81.0%	9.9	58
ICTT - Other	>95%	12	98.1%	98.0%	98.8%	3.2	166
ICTT - Stroke and Neuro	>95%	12	42.9%	47.4%	37.5%	12.7	24
Home-based Intermediate Care Service	>95%		60.7%	83.6%	75.4%	4.3	57
Paediatric Wheelchair Service	>95%	8	100.0%	100.0%	100.0%	3.9	2
Bladder and Bowel - Adult	>95%	12	46.8%	45.3%	54.5%	11.9	132
Musculoskeletal Service - CATS	>95%	6	23.9%	28.1%	30.5%	14.0	440
Musculoskeletal Service - Routine	>95%	6	28.8%	25.3%	29.8%	17.8	1458
Nutrition and Dietetics	>95%	6	93.0%	94.4%	97.0%	2.5	199
Podiatry (Foot Health)	>95%	6	23.8%	22.5%	18.8%	12.1	666
Lymphoedema Care	>95%	6	88.5%	58.6%	60.0%	5.1	20
Tissue Viability	>95%	6	95.7%	100.0%	100.0%	1.8	46
Cardiology Service	>95%	6	95.7%	94.7%	97.6%	1.7	84
Diabetes Service	>95%	6	100.0%	100.0%	100.0%	3.7	87
Respiratory Service	>95%	6	97.1%	96.1%	100.0%	1.2	42
Spirometry Service	>95%	6	97.8%	100.0%	100.0%	2.2	75
Indicator (Urgent Appointments)							
Adult Wheelchair Service	>95%	2	100.0%	100.0%	100.0%	0.2	3
Community Rehabilitation (CRT)	>95%	2	48.7%	40.5%	57.7%	6.1	26
ICTT - Other	>95%	2	4.3%	0.0%	5.9%	9.0	17
ICTT - Stroke and Neuro	>95%	2	33.3%	40.0%	11.1%	4.4	9
Home-based Intermediate Care Service	>95%		88.0%	85.6%	87.1%	1.0	101
Paediatric Wheelchair Service	>95%	2	100.0%				0
Musculoskeletal Service - CATS	>95%	2	40.0%	23.1%	23.1%	5.1	13
Musculoskeletal Service - Routine	>95%	2	40.5%	55.3%	46.1%	3.5	141
Nutrition and Dietetics	>95%	2	100.0%	100.0%	100.0%	1.6	2
Cardiology Service	>95%	2		100.0%			0
Respiratory Service	>95%	2		100.0%	100.0%	0.4	1

Adult Community Waiting Times

Podiatry: Recovery is ongoing and showing steady improvement. There is an overall improvement last month from 2005 patients and this month 1778, a reduction of over 200 patients. This matched the previous months performance showing a continued down trend in the overall numbers.

Islington Community Neuro-Rehabilitation (ICRT): waiting times for neuro and stroke rehabilitation have grown in the last few months, a hangover effect of the pandemic but also very long length of stay (LOS). Additional agency staff have been recruited to in the interim to help manage backlog. Recovery work is ongoing, and a slight improvement has been seen during 2023. This will be a slow change while changes are embedded. This remains a priority for ACS.

Bladder and Bowel Service: Kingsgate supported the clinical lead to complete a demand and capacity review and re-introduce group sessions. These started in April. The service will get back to business as usual by quarter 3 with the capacity to take on more activity as appropriate in discussion with commissioners. Recovery is ongoing however the service has seen a slow improvement.

Musculoskeletal (MSK): The service has seen an increase in backlog as a result of triaging and patients being added the waiting list and this now gives an accurate picture of the overall backlog. Work continues to reduce and resolve the backlog with the use of Super Saturdays, extra bank shifts, focused recruitment campaign and the GetUbetter supported self-management tool. However, the impact has not been substantial. There has been a significant increase in the number of internal rejections from the Trusts Spinal service which has resulted in increased referrals being directed to the MSK service. A longer-term plan is being set up using a Surrey NHS community appointment day initiative. A project lead has been appointed.

Children's Community – Waiting Times

Indicator (Routine Appointments)	Target	Target Weeks	Aug-23	Sep-23	Oct-23	Average Wait (Latest Month)	No. of Patients Seen
CAMHS	>95%	8	56.7%	61.1%	76.5%	9.1	149
Community Children's Nursing	>95%	6	96.8%	93.0%	85.3%	4.5	68
Community Paediatrics Haringey	>95%	18	93.1%	89.7%	86.7%	7.6	45
Community Paediatrics Islington	>95%	18	100.0%	100.0%	100.0%	4.1	21
Islington SCT (05s)	>95%	20	0.0%	10.0%	6.7%	48.2	30
CLA Initial Assessments Islington	>95%	4	80.0%	80.0%	92.3%	2.2	13
Occupational Therapy Barnet	>95%	18	78.6%	82.6%	84.6%	21.7	39
Occupational Therapy Haringey	>95%	18	95.7%	100.0%	92.3%	9.9	26
Occupational Therapy Islington	>95%	18	14.3%	50.0%	55.6%	17.2	9
Paediatrics Nutrition and Dietetics Haringey	>95%	12	0.0%	44.4%	50.0%	13.3	16
Paediatrics Nutrition and Dietetics Islington	>95%	12	100.0%	100.0%	100.0%	4.8	21
Physiotherapy Barnet	>95%	18	100.0%	91.3%	100.0%	6.4	56
Physiotherapy Haringey	>95%	18	100.0%	98.2%	96.4%	7.6	56
Physiotherapy Islington	>95%	18	100.0%	95.2%	100.0%	3.7	43
PIPS	>95%	12	100.0%	100.0%	100.0%	3.0	10
SALT Barnet	>95%	18	43.9%	46.8%	49.4%	23.9	83
SALT Camden	>95%	6	58.1%	52.8%	75.5%	13.8	49
SALT Haringey	>95%	13	27.8%	22.0%	20.8%	17.9	101
SALT Islington	>95%	13	75.0%	85.5%	95.0%	6.0	40
SALT MPC	>95%	18	81.8%	100.0%	92.3%	4.3	26
School Nursing Haringey	>95%	12	93.3%	93.0%	93.7%	2.3	79
School Nursing Islington	>95%	12	100.0%	97.5%	92.8%	2.4	69
Indicator (Urgent Appointments)							
CAMHS	>95%	2	85.7%	100.0%	90.9%	0.6	11
Community Children's Nursing	>95%	1	100.0%	100.0%	100.0%	0.2	3

Indicator	Target	Current Month	Previous Month	2023-2024
Haringey New Birth Visits - % Seen Within 2 Weeks	>95%	Sep 92.4%	90.5%	92.4%
Islington New Birth Visits - % Seen Within 2 Weeks	>95%	Sep 93.9%	95.2%	95.5%

Children's Community Waits

Autism Assessments:

In Haringey waiting times for autism assessment remain long. Referral rates have now plateaued, but average waiting times have increased due to the increase in referral rate seen previously. We are recruiting into newly funded posts which will increase capacity.

In Islington CAMHS the number of cases allocated for assessment reduced November-January due to impact of staff training and provision of post diagnostic support. Some CYP are prioritised for assessment and seen within a year, for a routine assessment the waiting time is currently 2 years 5 months. From February we will allocate 10 routine assessments a month however demand continues to far outstrip capacity. We have trained clinicians in other teams to be able to offer assessments more quickly for CYP in crisis. We are continuing to engage with NCL partners in the Neurodiversity (ND) pathway to transform ND assessments.

In the Islington 0-5s service average waits have reduced from 54 weeks (January to September 2023) to 48 weeks. The team have instigated a new assessment pathway which has increased the number of children seen.

Therapies:

In Haringey Speech and Language Therapy (SLT) waits for initial assessment in early years and mainstream continue to be long. This is due to high referral numbers and the lack of availability of additional recovery funding. Waits will improve over the next 6 months as the new graduated offer is developed and as short-term investment will be available.

The dietetics service is now fully staffed, and the backlog of referrals are being addressed All priority cases have been seen within the 12 weeks, often much sooner.

There has been an improvement in waiting times for Occupational Therapy (OT) in Islington due to additional staffing during the summer holidays and use of agency to support the 281 children and young people with OT intervention on their EHCP. Waits will reduce further linked to the increase in universal offer in schools. The service continues to work with LBI to ensure needs are met.

Waits for initial assessment in Barnet have been maintained. Staff are working at capacity and vacancy rates have reduced to within a normal range. Additional funding linked to Universal offer development will enable early help support to divert some children from seeking additional specialist input.

Indicator	Target	Current Month	Previous Month	2023-2024	Variation	Assurance	
Admissions to Adult Facilities of Patient <16 Years	0	Oct	0	0	0		
HCAI C Difficile	<13	Oct	0	0	8		
Actual Falls	400	Oct	30	20	191		
Category 3 or 4 Pressure Ulcers	64	Oct	11	5	71		
Medication Errors Causing Serious Harm	0	Oct	0	0	0		
MRSA Bacteraemia Incidences	0	Oct	0	0	0		
Never Events	0	Oct	1	0	1		
Serious Incidents	N/A	Oct	1	0	6		
VTE Risk Assessment %	>95%	Oct	94.3%	94.6%	95.3%		
Mixed Sex Accomodation Breaches	0	Oct		14	53		

Category 3 or 4 Pressure Ulcers - Target 0

October Performance Category 3 = 7, Category 4 = 4

Issues: Ten of the eleven full thickness pressure ulcers occurred in the community setting, with 1 x category 3 developed in hospital. Four category 4 pressure ulcers reported with 3 patients affected; 3 of these ulcers were an evolution of previously reported unstageable pressure damage. Delays in appropriate equipment provision, issues with carer input and sub-optimal skin assessment checks were key contributory factors.

Actions: Continuous high-level monitoring of issues in ordering community pressure relieving equipment and senior leadership engagement for resolution. Safeguarding referrals raised where carer input have contributed to sub-optimal pressure area care. Increased engagement of Tissue Viability and Safeguarding teams in community nursing caseload reviews.

VTE Risk Assessment % - Target >95%

October Performance – 94.3%

This is a worsening of 0.3% from 94.6% in September 2023

Although there has been a decline in VTE performance SPC analysis suggests it is not a significant change.

Never Events - Target 0

October Performance – 1

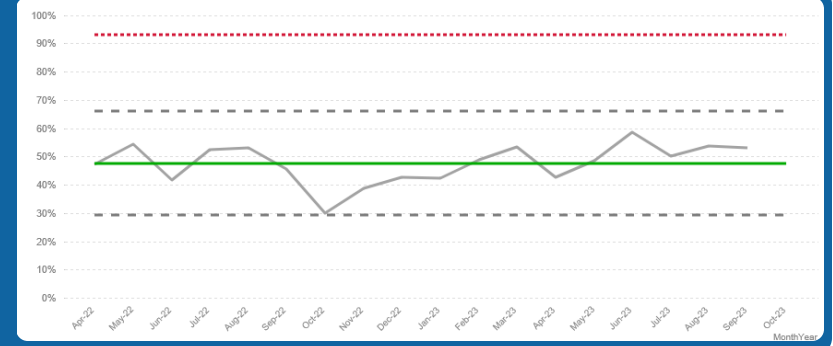
A never event occurred in September 2023, where a stent was inserted into the wrong side of the urinary tract, this did not transpire until October when the patient returned to the emergency department and was re-imaged.

The patient underwent a stent removal and stenting of the correct side. Duty of candour was completed face to face and in writing with the patient. A serious incident investigation is being led by the Associate Medical Director for patient safety. It will include a review of safety procedures as well as the culture in theatres to prevent future recurrence.

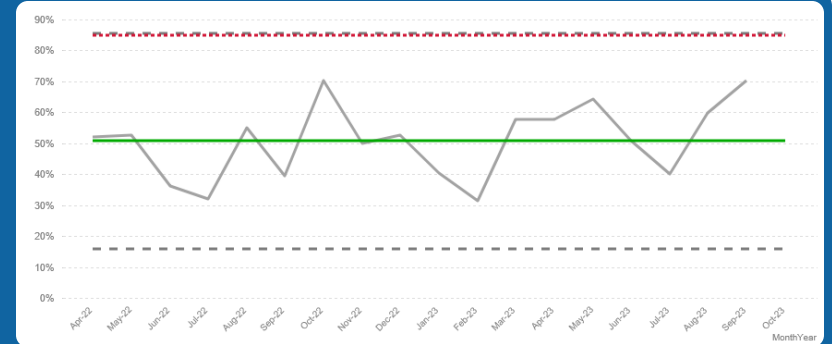
Responsive - Access

Indicator	Target	Current Month	Previous Month	2023-2024	Variation	Assurance
Cancer - 14 Days to First Seen	>93%	Sep	53.1%	53.8%	51.4%	
Cancer - 14 Days to First Seen - Breast Symptomatic	>93%	Sep	6.3%	3.8%	7.5%	
Cancer - 62 Days From Referral to Treatment	>85%	Sep	70.4%	59.6%	57.0%	
Cancer ITT - Reallocated Breach Performance for 62 Day Pathways	>85%	Sep	66.7%	53.2%	54.3%	
Cancer ITT - % Of Pathways Sent Before 38 Days	>85%	Sep	0.0%	9.1%	15.8%	
Cancer - % Pathways Received a Diagnosis Within 28 Days of Referral	>75%	Sep	69.6%	74.9%	65.0%	
Cancer - 31 Days to First Treatment	>96%	Sep	97.2%	97.6%	96.6%	
Cancer - 62 Day Screening	>90%	Sep	0.0%	100.0%	50.0%	
DM01 - Diagnostic Waits (<6 Weeks)	>99%	Oct	90.3%	87.8%	83.4%	
RTT - Incomplete % Waiting <18 Weeks	>92%	Oct	62.8%	64.2%	66.2%	
Referral to Treatment 18 Weeks - 52 Week Waits	0	Oct	768	689	5021	
% Seen <=48 Hours of Referral to District Nursing Service	>95%	Oct	86.6%	90.3%	89.5%	
% Of Rapid Response Urgent Referrals Seen Within 2 Hours of Referral		Oct	72.6%	79.8%	76.0%	

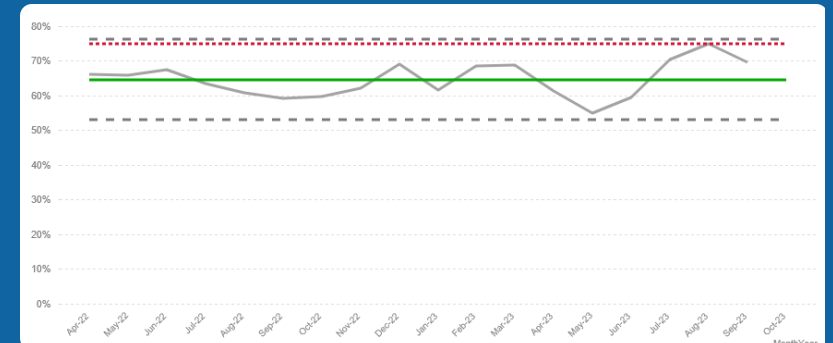
Cancer - 14 Days to First Seen



Cancer - 62 Day Performance



Cancer - 28 Day FDS

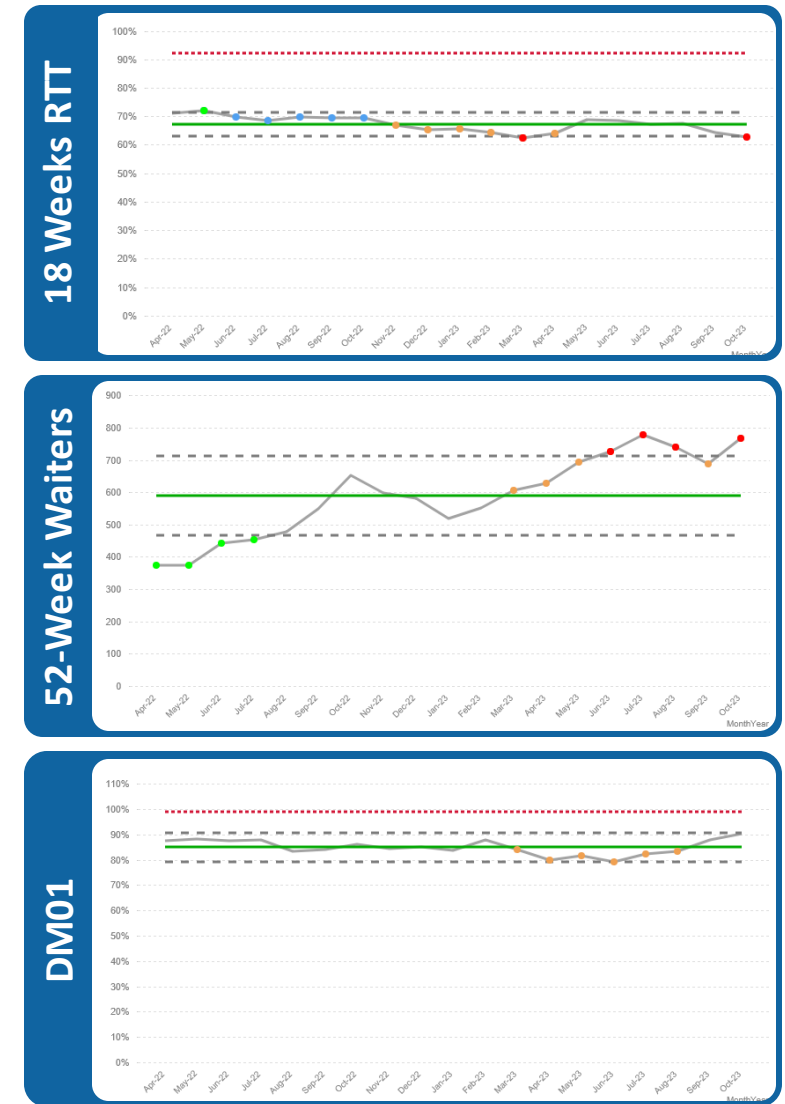


Responsive - Access




















What the Data Tells Us	Issues	Actions
<p>Cancer: 14-Days to First Seen - Target >93% <i>No. of pts first seen by a specialist within two weeks of referral.</i></p> <p>September Performance – 53.1% This is a worsening of 0.7% compared to 53.8% in August 2023.</p>	<ul style="list-style-type: none"> Breast performance remained the same in September at 9% due to workforce challenges including; annual leave and industrial action Skin performance decreased to 32.9%. Gynaecology performance improved from 54.7% in August to 78.5% 	<ul style="list-style-type: none"> Demand and capacity planning began in September within the breast service to identify additional capacity requirements needed to reduce first appointment wait time, FDS and 62 days – Modelling complete awaiting finance approval to start Waiting list initiatives. Dermatology continues additional weekday and weekend capacity lists to meet referral demand, this will continue throughout November and December. Demand capacity modelling to take place in November to support longer term workforce planning. Continuation of additional capacity for Rapid Access Clinics for Gynaecology funded by NCL Cancer Alliance till March 2024 Continue to monitor referral patterns throughout all tumour groups to plan and provide appropriate capacity
<p>Cancer: 62-Day Performance - Target >85% <i>No. of pts receiving their first treatment for cancer within 62 days of GP referral.</i></p> <p>September Performance - 70.4% This is an improvement of 10.8% compared to 59.6% in August 2023.</p>	<ul style="list-style-type: none"> Breast performance improved 42.9% in August to 44.4% in September Colorectal performance improved from 20% in August to 80% in September Urology performance decreased from 53.8% in August to 33.3% in September Overall trust performance improved by 13.5% 	<ul style="list-style-type: none"> Action plan as per 14-Days and 28-Day Faster Diagnosis Standard noted above. Breast planning for additional capacity to reduce first appointment wait time in one-stop clinic. This will improve 62-day performance. Colorectal – surgical planning under review to reduce surgical wait times Review of 62-day treatment breach reviews from breach meetings in October to commence in November Additional tracking resources approved by NCL cancer alliance to support data quality and maintain patient experience.
<p>Cancer: 28-Day Faster Diagnosis Standard (FDS) - Target >75% <i>% Pathways Received a Diagnosis within 28 Days of Referral.</i></p> <p>September Performance – 69.6% This is a worsening of 5.3% compared to 74.9% in August 2023.</p>	<ul style="list-style-type: none"> Breast performance decreased from 74.2% in August to 69.6% in September Gynaecology decreased from 57.8% in August to 53.5% in September Urology performance decreased from 60% in July to 53.8% in September Overall trust performance decreased from 74.9% to 69.6% in September 	<ul style="list-style-type: none"> Current review to establish reporting into turnaround times of imaging reporting for patients on an FDS pathway. This is expected to be imbedded from October 2023 with phase 2 to review other diagnostic modalities by the end of Q3 2023. Consistent and effective tracking required together with co-ordination to achieve outpatient review, diagnostics, histology and clinical review within the 28-Day FDS. Action plan for 14-days will improve performance

Responsive - Access

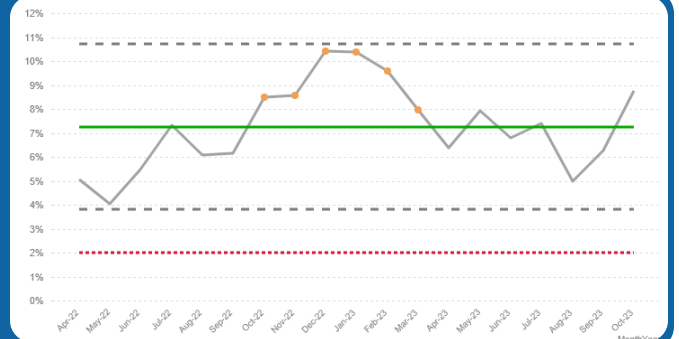
What the Data Tells Us	Issues	Actions and Mitigations
<p>Referral to Treatment Incomplete % Waiting <18 Week – Target 92%</p> <p>October Performance – 62.8% This is a worsening of 1.4% from September's performance of 64.2%.</p>	<ul style="list-style-type: none"> The Trust was 7 patients away from hitting the 78-week target There was 1 104-week breach, which was identified as a result of a data quality check. The patient was dated immediately for treatment in the second week of October (W/C 9 Oct). 	<ul style="list-style-type: none"> PIDMAS (Patient-Initiated Digital Mutual Aid System) was rolled out nationally at the end of October. It will give patients waiting over 40 weeks the option to move their care to another provider of their choice. Uptake to be reviewed.
<p>Referral to Treatment 18 Weeks - 52 Week Waits – Target 0</p> <p>October Performance – 768 This is a worsening of 79 September's performance of 689 There were 20 Patients waiting over 78 weeks.</p>	<ul style="list-style-type: none"> The overall 52-week position has worsened due to industrial action at the beginning of October. 	<ul style="list-style-type: none"> Ongoing review to ensure the Trust is compliant against the 65-week target by the end of 2023/24. Additional sessions to mitigate backlog increase to be implemented through November and December 2023.
<p>DM01: Diagnostic Waits <6 Weeks – Target 99%</p> <p><i>Percentage of patients waiting less than 6 weeks for 15 key diagnostic tests and procedures.</i></p> <p>October Performance – 90.3% This is an improvement of 2.5% from September's performance of 87.8%.</p>	<ul style="list-style-type: none"> Overall improvement in the backlog continues, with a noticeable improvement in audiology assessments, however it remains behind target. The areas of concern are MRI, echocardiography, neurophysiology tests, and sleep studies. 	<ul style="list-style-type: none"> Audiology continue to implement extra clinics to support recovery plan. The Clinical Diagnostic Centre in Wood Green will support MRI capacity and is due to open in December 2023.



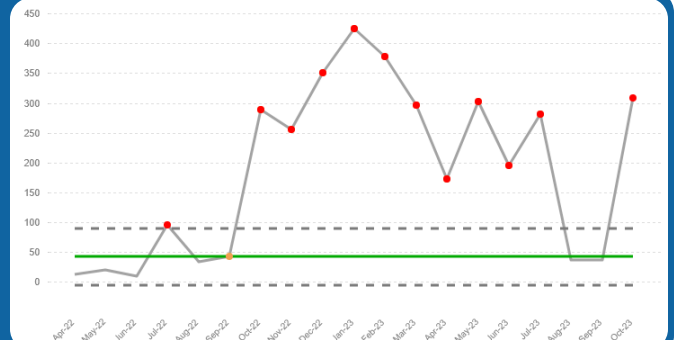
Responsive - Emergency Care

Indicator	Target	Current Month		Previous Month	2023-2024	Variation	Assurance
Las Patient Handover Times - 30 Mins	0	Oct	90	44	466		
Las Patient Handover Times - 60 Mins	0	Oct	9	0	147		
% Streamed to an Onsite Service	>7.5%	Oct	1.3%	2.1%	2.1%		
Median Wait for Treatment (Minutes)	< 60 min	Oct	125 Mins	106 Mins	101 Mins		
% Of ED Attendance Seen by Clinician Within 60 Mins of Arrival		Oct	28.5%	34.6%	37.8%		
Median Time From Arrival to Decision to Admit		Oct	05:07	04:45	04:41		
12 Hour Trolley Waits in ED	0	Oct	309	36	1333		
Total ED Attendances in Dept for More Than 12 Hours (Arrival to Dept)		Oct	767	400	4159		
% Of ED Attendances Over 12 Hours From Arrival to Departure	<2%	Oct	8.7%	6.3%	7.0%		
ED Waits (4 Hrs Wait)	>95%	Oct	60.0%	66.1%	65.6%		
% Left ED Before Being Seen		Oct	14.4%	11.1%	11.7%		
% ED Re-Attendance Within 7 Days		Oct	9.2%	9.9%	10.3%		

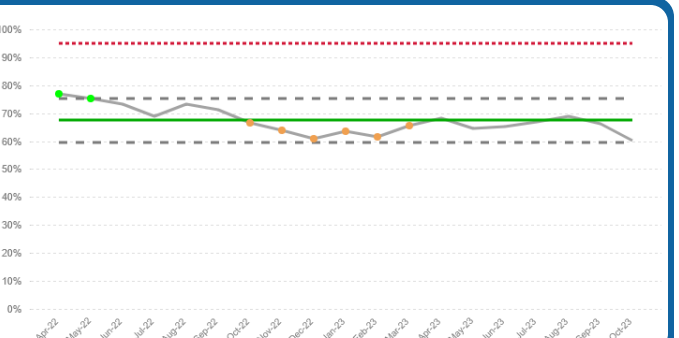
ED Attendances Over 12 Hours



12-Hour Trolley Waits in ED



ED 4-hour Waits



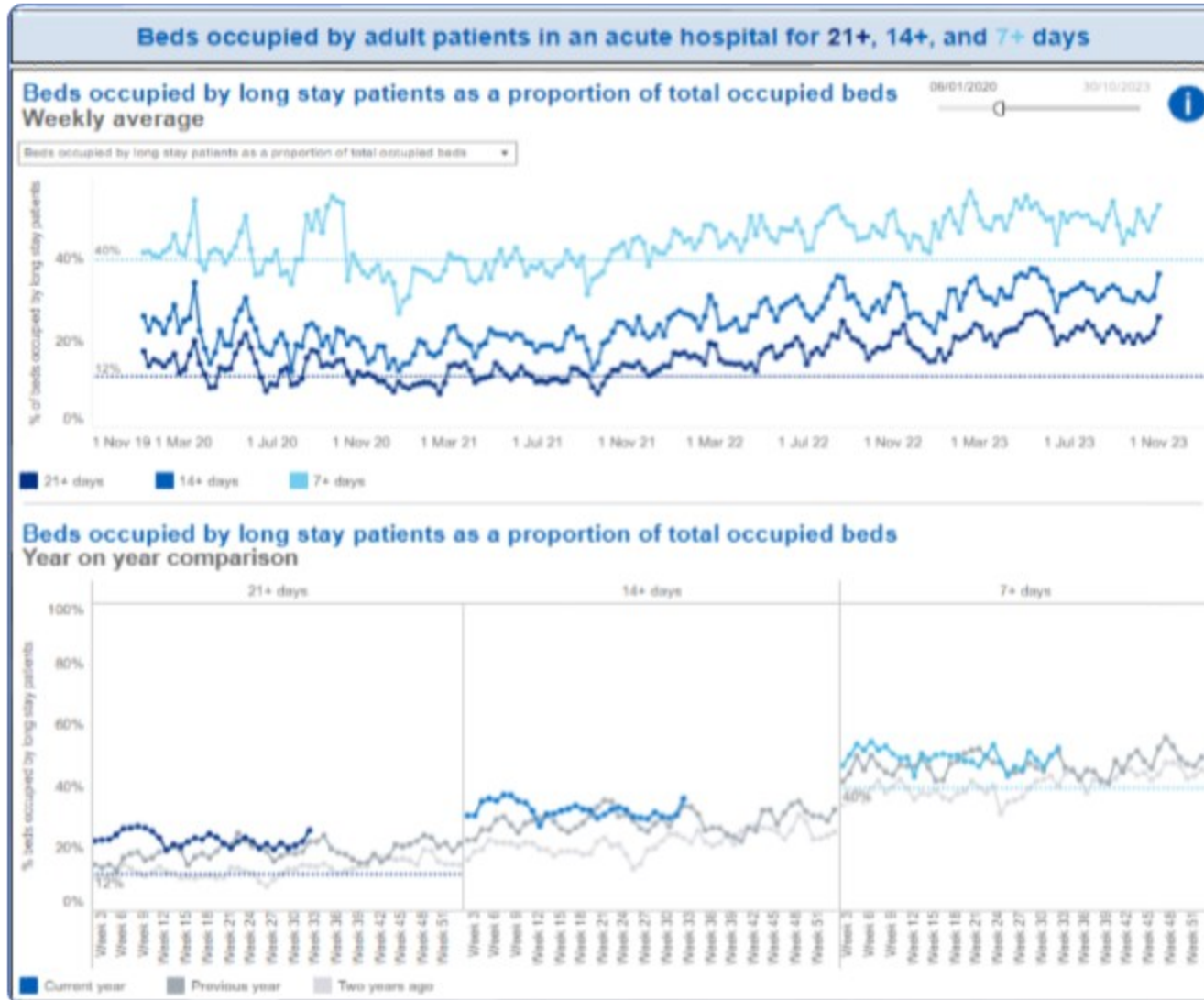
Responsive - Emergency Care

What the Data Tells Us	Issues	Actions and Mitigations
<p>% Of ED Attendances Over 12 Hours - Target <2% <i>Percentage of patients in ED for more than 12 hour.</i> October Performance – 8.7% This is a worsening of 2.4% from September's performance of 6.3%.</p>	<p>Sector Challenges October: Diverts in place from NMUH through October due to operational pressures</p> <p>Whittington Position and Impact</p> <ul style="list-style-type: none"> Trust on OPEL 4 from the 23rd of October and continues. Increased number of LAS attendances and handover breaches (9 black breaches in October compared to 0 in September) High volume of DTA's in the ED department and corridor care being provided High volume of patients in ED with >120 patients and double the capacity of patients in majors Limited capacity in Resus and majors to offload with increased acuity of patients SDEC utilised as a bedded escalation area impacting on ability to pull patients from ED. Recovery being utilised for up to 7 patients to support Cancer and urgent activity High volume of blue light calls with Resus care being provided outside of Resus for +4 patients Poor discharge profile across the Trust with a large number of criteria not met to reside Staffing challenges in medical staffing in ED and Medicine due to ad hoc sickness Increased number of 12-hour breaches and declining 4hr performance as a result. 	<p>UEC improvement plan developed which focusses on Inflow, ED assessment and Outflow Focus on streaming:</p> <ul style="list-style-type: none"> Improving streaming pathways to Urgent Treatment Centre (UTC) and Primary Care and working with GP liaison to engage with Primary Care partners Increased collaboration with Ambulatory Emergency Care (AEC) to improve pathways and increase streaming Embedding senior decision makers in Rapid Assessment Triage (RAT) <p>ED assessment and Management:</p> <ul style="list-style-type: none"> Implemented huddles in majors to focus on breach prevention, resource redirection and escalations Finalised GP tendering specification to provide increased GP provision in the UTC <p>Specialty review, discharge and admission:</p> <ul style="list-style-type: none"> Focus on UTC performance with daily huddles to review wait times, breach preventions and resource allocation Embedding senior decision maker presence in UTC Improve specialty response times and escalations Embedding criteria led discharge Early system escalation for discharges working with community partners, social care, mental health providers and councils Focus on criteria not met to reside and reducing long LOS Increased virtual ward capacity
<p>12-Hour Trolley Waits in ED - Target 0 <i>No. of patients who waited longer than 12 hours to be admitted to the ward following decision to admit.</i> October Performance – 309 (Average 10 per day) This is a worsening of 273 from September's performance of 36.</p>		
<p>Emergency Department Waits (4 hrs wait) - Target >95% <i>No. of patients treated within 4 hours of arrival in ED.</i> October Performance – 60% This is a worsening of 6.1% from September's performance of 66.1%.</p>		
<p>LAS Handovers - Target 0 <i>Number of Ambulance Handover delays of greater than 30 minutes and 60 minutes.</i> October Performance (30 mins) – 90 This is a worsening of 46 from 44 in September 2023. October Performance (60 mins) – 9 This is a worsening of 9 from 0 in September 2023.</p>		
<p>Median Wait for Treatment - Target <60 <i>Time from arrival to seeing a doctor or nurse practitioner.</i> October Performance – 125 minutes This is a worsening of 19 minutes from 106 in September 2023.</p>		

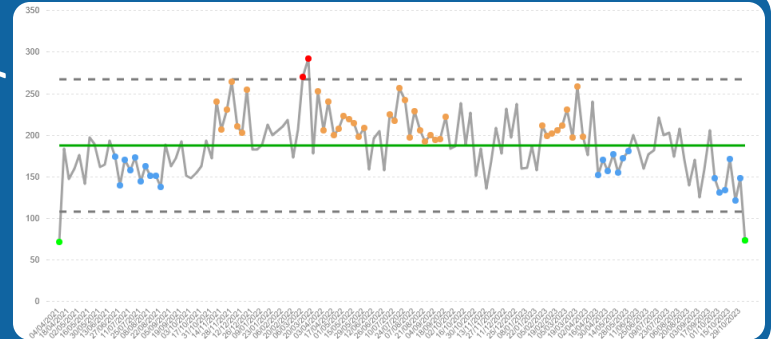
Responsive – Length Of Stay

Length of Stay

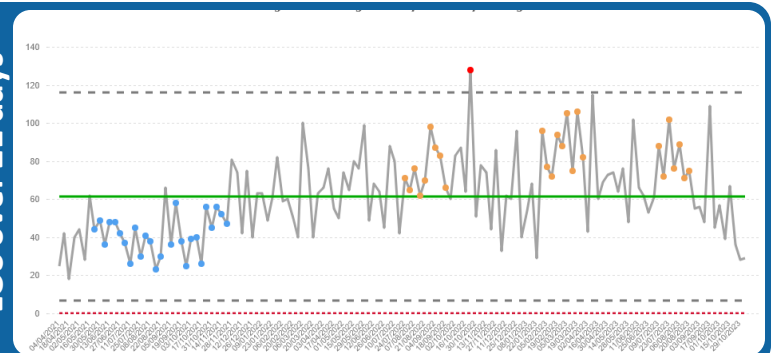
Performance in all 3 main indicators are showing a worsening trend through October into November 2023. Noting current performance is significantly worse than the previous 2 years.



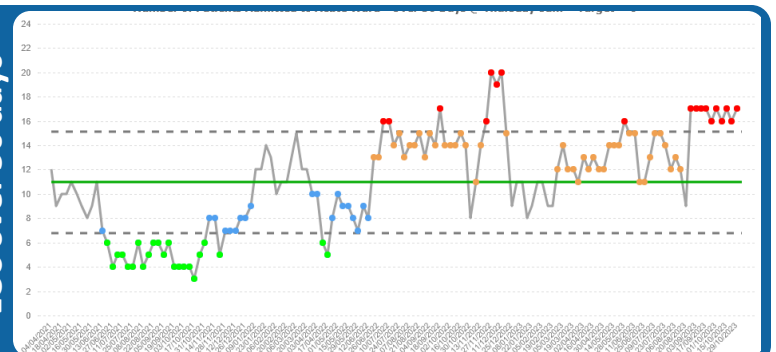
LOS over 7 days



LOS over 21 days



LOS over 50 days



Activity

Indicator	Target	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Activity
ED Attendances		9324	9287	8309	7891	8762	7988	8823	9098	8609	8042	8426	8772	
ED Admission Rate %		9.0%	10.3%	10.9%	9.9%	10.4%	10.6%	9.6%	9.3%	9.7%	10.0%	10.3%	10.2%	
Elective and Daycase		2393	1826	2233	2012	2152	1877	2221	2418	1910	2167	2150	2313	
Emergency Inpatients		1577	1631	1605	1468	1619	1395	1551	1588	1576	1589	1623	1640	
GP Referrals to an Acute Service		7409	6475	8144	7412	8480	6598	9955	8013	7041	7819	7665	8472	
% Of GP Referrals Completed via eRS		80.4%	76.1%	72.8%	68.7%	69.6%	62.3%	59.1%	53.0%	44.4%	45.1%	50.8%	54.2%	
% e-Referral Service (e-RS) Slot Issues	<4%	38.5%	38.3%	34.3%	35.3%	38.5%	48.0%	48.2%	56.5%	69.6%	65.8%	60.3%	61.2%	
Maternity Births	320	259	231	248	221	227	192	226	228	237	263	245	266	
Maternity Bookings	377	297	322	293	327	356	313	263	291	302	274	271	300	
Outpatient DNA Rate % - New	<10%	12.0%	13.6%	11.2%	11.4%	11.7%	11.8%	11.5%	11.8%	11.7%	11.3%	12.0%	12.9%	
Outpatient DNA Rate % - FUp	<10%	10.4%	11.7%	9.8%	10.5%	10.2%	9.8%	10.2%	10.5%	9.9%	10.2%	10.2%	11.1%	
Outpatient New Attendances		11487	9932	12389	11587	12259	10657	12186	13207	12549	12726	11663	12169	
Outpatient FUp Attendances		18479	15447	17872	16433	17830	14790	17688	18533	16949	17912	17096	16904	
Outpatient Procedures		6490	5508	6457	5789	6561	5416	5734	6420	6313	5977	6061	6154	

GP Referrals

October 2023 – 8,472

This is an increase of 807 compared to 7,665 in September 2023.

It is an increase of 398 compared to 8074 in October 2022.

% e-Referrals Appointment Slot Issues (ASI) - Target <4%

October Performance – 61.2%

This is a worsening of 0.9% from September's performance of 60.3%

Due to an ongoing increase in 2WW referrals for Dermatology, general dermatology capacity has been moved to accommodate this demand, this has subsequently contributed to an increase in ASIs.

Plans are in place to implement Robotic Process Automation for the management of referrals. Operation plan to be signed off and delivery is now expected to start in December 2023. This will negate ASI's as an issue going forward.

Activity Highlights

Maternity Births – October 2023 - 266

This is an increase of 21 compared to 245 in September 2023, and an increase of 12 compared to 254 in October 2022.

ED Attendances - October 2023 – 8,772

This is an increase of 346 compared to 8,426 in September 2023, and a decrease of 620 compared to 9,392 in October 2022.

DNA Rates

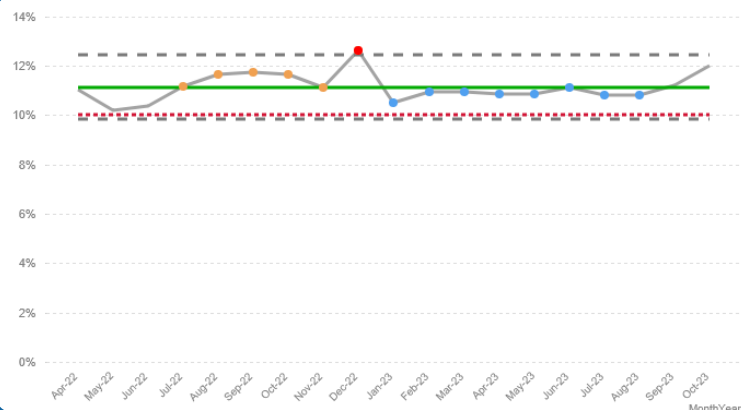
Acute DNA rate for October was 12% this is a worsening of 0.8% from September's performance of 11.2%.

Outpatient DNA rate for new appointments was 12.9% for October. This is a worsening of 0.9% from 12% in September 2023.

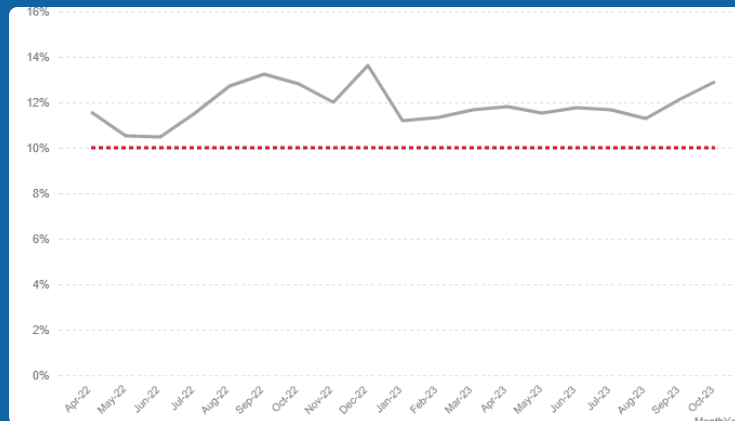
Outpatient DNA rates for follow-up appointments was 11.1% for October. This is a worsening of 0.8% from 10.2% in September 2023.

A new Transformation Lead for outpatients has been appointed. Outpatient DNA reduction will be one of the main areas of focus as part of the ongoing outpatient transformation work.

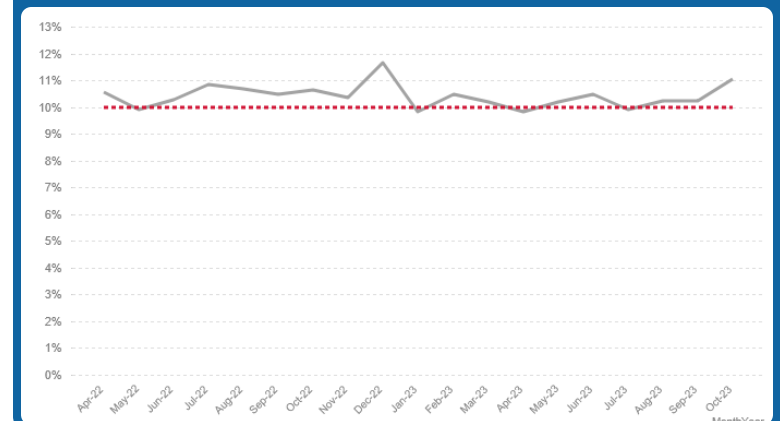
Acute DNA % Rate



Outpatient DNA % Rate - New



Outpatient DNA % Rate – Follow-Up



Activity – Activity and Forecasts

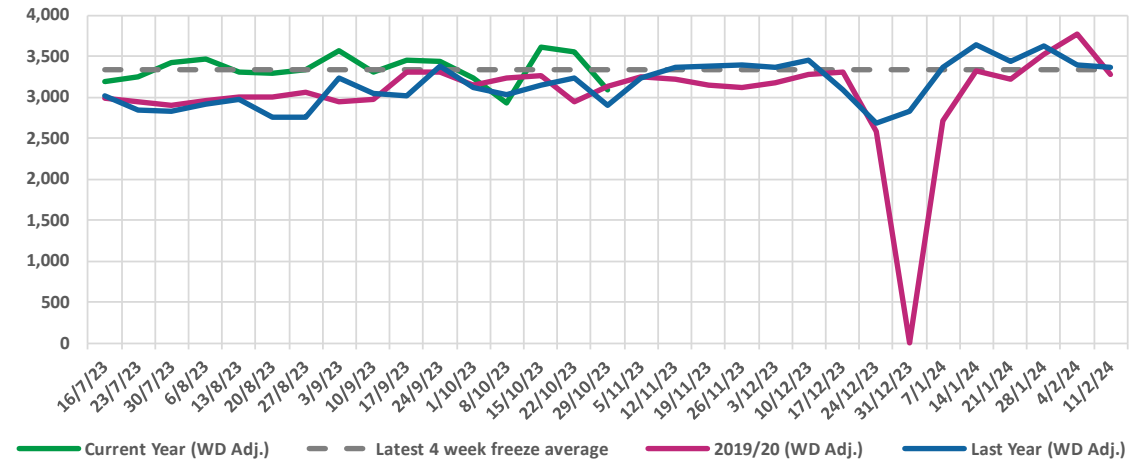
Activity Highlights

Outpatient First Appointments: There were 13,190 first appointments in the last 4 weeks of October, this is 105% of 19/20 levels.

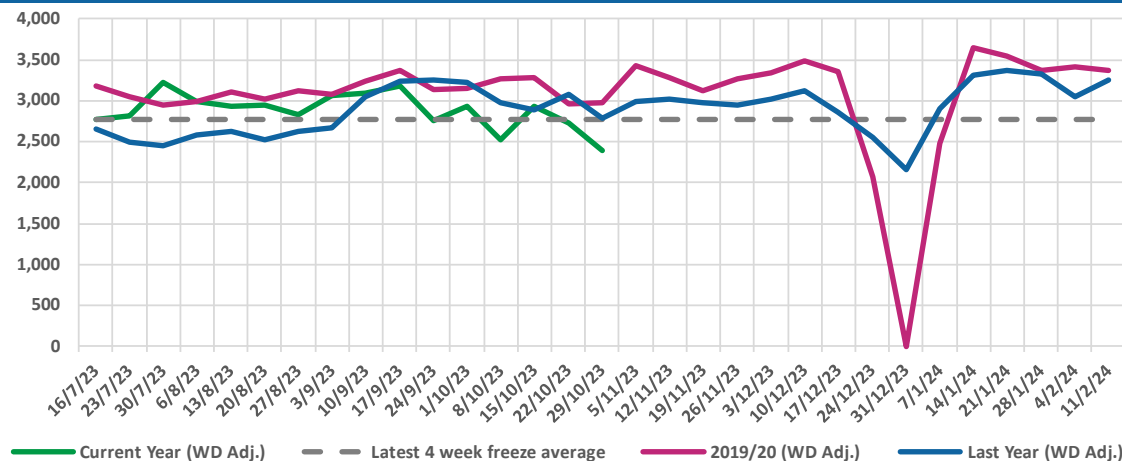
Outpatient Follow-up Appointments: There were 10,567 follow-up appointments in the last 4 weeks of October, this is 85% of 19/20 levels. Follow-up activity is in line with productivity improvements.

Elective Activity: There were 2,029 cases in the last 4 weeks of October, this is 110% of 19/20 levels. However, there is a variation in case mix where we have seen less inpatient activity and increased day cases.

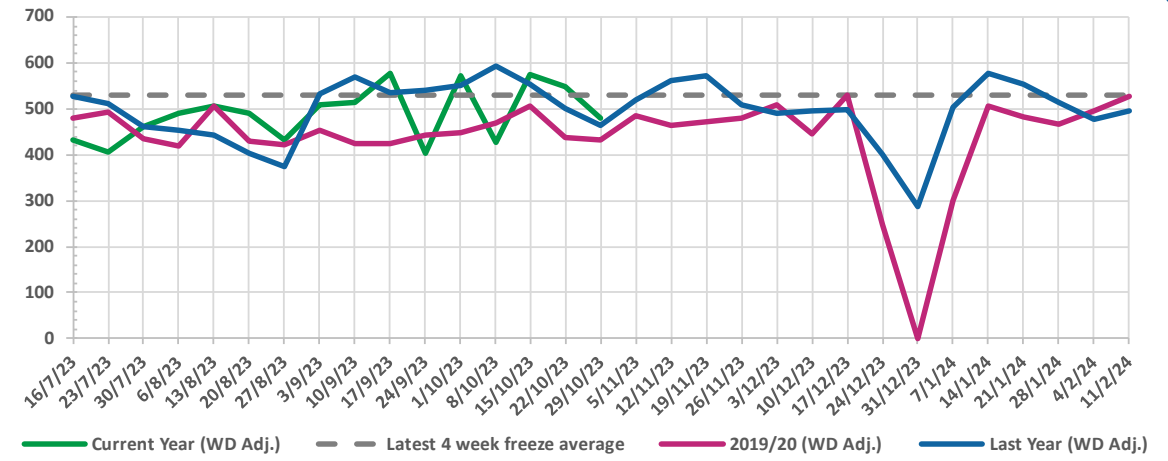
Weekly Outpatient First Attendances



Weekly Outpatient Follow-up Attendances



Weekly Elective Activity



Indicator	Target	Current Month	Previous Month	2023-2024	Variation	Assurance	
Cancelled Ops Not Rebooked <28 Days	0	Sep	2	2	10		
Hospital Cancelled Operations	0	Sep	5	4	28		
Theatre Utilisation	>85%	Oct	72.4%	72.8%	74.9%		
Community DNA % Rate	<10%	Oct	6.8%	6.8%	7.6%		
Acute DNA % Rate	<10%	Oct	12.0%	11.2%	11.1%		
Outpatients New:Follow Up Ratio	2.3	Oct	1.39	1.47	1.41		
Non Elective Re-Admissions Within 30 Days	<5.5%	Oct	3.5%	3.3%	3.9%		
Rapid Response - % Of Referrals With an Improvement in Care		Oct	71.3%	61.6%	72.6%		

Theatre Utilisation - Target 85%

Percentage of available Theatre time used for elective procedure.

October Performance – 72.4%

This is a worsening of 0.4% from September's performance of 72.8%.

Issues:

- Impact of Junior Doctor and Consultant and radiology strikes have adversely impacted elective throughput.

Actions:

- Implementation of robust booking rule are part of an elective theatre productivity programme.
- Optimal case mix is key and there is continued focus on balance of high complexity and high-volume cases
- Increase in anaesthetic workforce will support increased capacity and throughput.

Hospital Cancelled Operations - Target 0

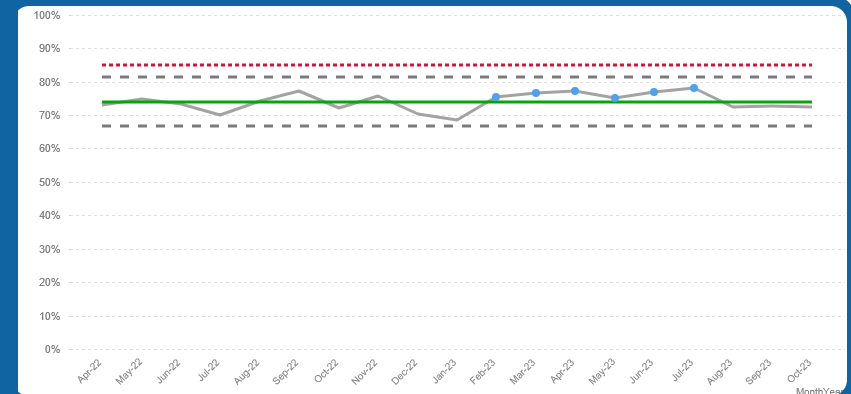
September Performance – 5

















This is a worsening of 1 from August's performance of 4.

Issues:

- Issue with the quality of sterile theatre equipment packaging, resulting in cancellation due to safety and infection prevention.
 - Single episode of sickness absence within surgical team resulted in isolated list cancellation
- Issues continue to be escalated through contract management. Please note that performance was also impacted on by industrial action.

Theatre Utilisation

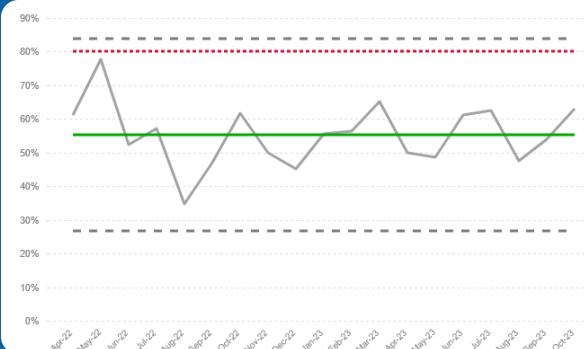


Indicator	Target	Current Month	Previous Month	2023-2024	Variation	Assurance
ED - FFT % Positive	>90%	Oct	69.6%	80.7%	79.1%	 
ED - FFT Response Rate	>15%	Oct	9.5%	11.0%	11.8%	 
Inpatients - FFT % Positive	>90%	Oct	96.1%	89.6%	93.8%	 
Inpatients - FFT Response Rate	>25%	Oct	15.9%	17.8%	15.4%	 
Maternity - FFT % Positive	>90%	Oct	97.1%	96.1%	96.7%	 
Maternity - FFT Response Rate	>15%	Oct	16.6%	10.6%	7.3%	 
Outpatients - FFT % Positive	>90%	Oct	89.6%	92.4%	93.3%	 
Outpatients - FFT Response Rate	400	Oct	375	302	2120	
Community - FFT % Positive	>90%	Oct	96.1%	96.9%	95.8%	 
Community - FFT Response Rate	1500	Oct	804	707	5725	
Complaints Responded to Within 25 or 40 Working Days	>80%	Oct	63.0%	53.8%	54.7%	 
Complaints (Including Complaints Against Corporate Division)		Oct	27	26	181	

Friends and Family Test

There has been an improvement of positive feedback for inpatient areas this has been a focus of Back to the Floor. In Maternity and Community work has been undertaken to increase response rates. Outpatients has seen an increase in the number of responses, volunteers have been focusing on supporting gathering feedback. The slight % decrease in positive rates will be closely monitored.

Complaints Responded to within 25 Working Days



Complaints Responded to Within 25 or 40 Working Days - Target >80%
















October Performance – 63% This is an improvement of 9.2% from September's performance of 53.8%.

There were 29 complaints received where a response was required in October 2023. Two of these were de-escalated leaving 27 responses due for October 2023. The performance was 63% (17/27).

Severity of complaints: 56% (15) were designated 'low' risk, and 44% (12) were designated as 'moderate' risk

Themes: A review of the complaints due a response in October 2023 shows that 'Communication' 33% (9), 'Attitude' 22% (6), and Medical Care 15% (4), were the main issues for complainants.

Of the 17 complaints that have closed, 5 (29%) were 'upheld', 8 (47%) were 'partially upheld', and 4 (24%) were 'not upheld' meaning that 76% of the closed complaints in October 2023 were upheld in one form or another.

Indicator	Target	Current Month	Previous Month	2023-2024	Variation	Assurance
Appraisals % Rate	>85%	Oct	78.7%	78.7%	76.9%	 
Mandatory Training % Rate	>85%	Oct	87.5%	87.1%	86.8%	 
Permanent Staffing WTEs Utilised	>90%	Oct	90.2%	89.2%	89.2%	 
Staff Sickness Absence %	<3.5%	Sep	4.0%	3.7%	3.5%	 
Staff Turnover %	<13%	Oct	12.5%	12.6%	13.2%	 
Vacancy % Rate Against Establishment	<10%	Oct	9.8%	10.8%	10.8%	 
Average Time to Hire	≤63	Oct		64	60	
Safe Staffing Alerts - Number of Red Shifts		Oct	1	5	22	
Safe Staffing - Overall Care Hours Per Patient Day (CHPPD)		Oct	10.2	10.1	9.5	

Appraisals % Rate - Target >85%

October Performance –78.7%

There has been no change in from September's performance of 78.7%.

Issue: Due to the intense clinical pressures the organisation has experienced during the month of October no progress has been made to increase compliance.

Actions: Reminders on how to record appraisals and offers of assistance with recording completed appraisals are going out to managers.

Staff Turnover % - Target <13%

October Performance – 12.5%

This is an improvement of 0.1% from September's performance of 12.6%.

Issues: Turnover rate continues to improve month on month and is now remaining under the Trust target.

Actions: To continue to identify the reasons for staff leaving the Trust in order to positively respond and reduce the turnover rate further.

Vacancy % Rate - Target <10%

October Performance – 9.8%

This is an improvement of 1% from September's performance of 10.8%.

Issues: Vacancy rate has now decreased under the Trust target. There are still concerns regarding national skills shortages in for example nursing and therapies.

Actions: Continue to review roles and skill mixes and look at alternatives that are open to a wider pool of people. Targeted recruitment on hard to recruit posts. Targeted recruitment within the local community.



Meeting title	Trust Board - public meeting	Date: 29 November 2023
Report title	Finance Report October (Month 07) 2023/24	Agenda item: 12
Executive director lead	Terry Whittle, Chief Finance Officer	
Report author	Finance Team	
Executive summary	<p>The Trust is reporting a deficit of £16.0m at the end of October which is £4.3m worse than plan. The planned deficit to end of October was £11.7m.</p> <p>The year-to-date adverse financial performance to plan is mainly driven by:</p> <ul style="list-style-type: none">• Non-delivery of savings on Cost Improvement Programmes (CIP).• The unfunded escalation beds, Endoscopy fourth room and the cost of strike cover.• Elective recovery fund (ERF) underperformance.• Other expenditure overspends. <p>Cash position at the end of October was £66.2m.</p> <p>Trust has spent £12.7m on capital to end of October.</p>	
Purpose:	To discuss October performance.	
Recommendation(s)	To note October financial performance, recognising the need for improve savings delivery.	
Risk Register or Board Assurance Framework	BAF risks S1 and S2	
Report history	TMG 21 November 2023	
Appendices	None	

**CFO Message****Finance Report M07****Trust reporting
£16.0m deficit
at the end of
October -
£4.3m worse
than plan**

The Trust is reporting a deficit of £16.0m at the end of October which is £4.3m worse than plan. The planned deficit to end of October was £11.7m.

Key drivers for year-to-date financial performance are.

- Under delivery by £3.9m against year-to-date Trust's Cost Improvement Programme (CIP) target; The Trust delivered £3.5m savings year to date against a target of £7.4m. The full year plan is £18.0m.
- The year-to-date cost of the escalation beds in Thorogood (£0.8m, closed from the 18th August), 4th Endoscopy room (£0.7m), provision of enhanced care (£0.8m) and additional costs to cover the various strike actions (£0.1m in month and £2.2m year to date)
- ERF is showing £2.8m underperformance year to date. £0.4m underperformance in month includes previous months late outcoming positive impact.
- The Trust spent £9.0m on agency staff, 4.8% of total pay costs, this is above the 3.7% NHSE national agency target by £0.9m year to date. The Discretionary Spend Scrutiny panel is continuing work with the ICSUs to control and monitor agency spend.

**Cash of £66.2m
as at end of
October**

As at the end of October, the Trust closed with a cash balance of £66.2m, an increase of £7.5m compared to September. The principal factors contributing to the higher cash balance in October were receipt of £3.3m Public Dividend Capital relating to the Wood Green CDC Phase 2 (£3.1m) and TIF elective Recovery (£0.2m).

**Additional
capital
allocation
(CRL) from the
ICS**

Internally funded capital plan for 2023-24 is £20.0m including the £9.0m allocation to support investments in power and fire remedial works. Capital expenditure at end of October was £12.7m, of which £5.8m is related to nationally funded projects and £6.9m for internally funded projects. Nationally funded projects include Community Diagnostic Centre and TIF allocation for elective recovery.

**Better Payment
Practice
Performance –
95.2% for non-
NHS by value**

The Trust is signed up to the NHS commitment to improve its Better Payment Practice Code (BPPC) whereby the target is to pay 95% of all invoices within the standard credit terms. Overall, the Trust's BPPC is 97.8% by volume and 94.4% by value. The BPPC for non-NHS invoices is 98.0% by volume and 95.2% by value.

**H2 guidance to
address
financial gap**

NHSE has released additional guidance to support the H2 planning. This includes the release of £800m to ICBs, £38m of which is going to NCL ICS. The Trust is currently working on producing a summary of financial impact of changes to NCL on 21st November ahead of national submission by the ICB on the 22nd November. As part of this submission the board is expected to sign off the commitment to deliver the agreed FY plan of £2m surplus, deliver urgent and emergency care, 62days backlog reduction and faster diagnosis standard performance against the agreed 2023/24 operational plan.

1. Summary of Income & Expenditure Position – Month

	In Month			Year to Date			Annual Budget
	Plan	Actual	Variance	Plan	Actual	Variance	
	£'000	£'000	£'000	£'000	£'000	£'000	
Income							
NHS Clinical Income	24,669	26,136	1,467	172,366	179,299	6,933	295,534
High Cost Drugs - Income	817	528	(289)	5,718	6,527	809	9,803
Non-NHS Clinical Income	1,889	2,121	232	12,650	13,793	1,143	24,869
Other Non-Patient Income	2,067	2,503	436	14,448	15,824	1,376	24,786
Elective Recovery Fund	4,951	4,565	(387)	32,098	29,251	(2,846)	55,137
	34,394	35,852	1,458	237,280	244,694	7,414	410,129
Pay							
Agency	(25)	(1,270)	(1,245)	(25)	(9,014)	(8,990)	(229)
Bank	(302)	(2,623)	(2,321)	(2,608)	(19,243)	(16,636)	(4,333)
Substantive	(23,512)	(22,265)	1,247	(172,001)	(158,219)	13,782	(284,716)
	(23,839)	(26,158)	(2,319)	(174,633)	(186,477)	(11,844)	(289,277)
Non Pay							
Non-Pay	(7,803)	(8,041)	(238)	(55,112)	(55,901)	(789)	(85,041)
High Cost Drugs - Exp	(689)	(729)	(40)	(5,596)	(5,836)	(240)	(9,610)
	(8,492)	(8,770)	(278)	(60,707)	(61,736)	(1,029)	(94,651)
EBITDA	2,063	924	(1,139)	1,940	(3,519)	(5,459)	26,201
Post EBITDA							
Depreciation	(1,578)	(1,523)	55	(10,860)	(10,699)	161	(18,749)
Interest Payable	(79)	(65)	14	(555)	(465)	90	(952)
Interest Receivable	104	332	228	729	2,020	1,290	1,250
Dividends Payable	(429)	(479)	(50)	(3,001)	(3,353)	(353)	(5,750)
P/L On Disposal Of Assets	0	0	0	0	0	0	0
	(1,982)	(1,735)	247	(13,687)	(12,498)	1,189	(24,201)
Reported Surplus/(Deficit)	82	(811)	(893)	(11,747)	(16,016)	(4,270)	2,000
Impairments	0	0	0	0	0	0	0
IFRS & Donated	(8)	(5)	3	(54)	(35)	19	(92)
Reported Surplus/(Deficit) after Impairments and IFRIC12	74	(816)	(890)	(11,801)	(16,051)	(4,251)	1,908

- The Trust year to date financial position as at the end of October is a deficit of £16.0m (excluding donated asset depreciation and impairments) against a planned deficit of £11.7m. This is £4.3m adverse to plan.
- The main drivers for this position are the under delivery on CIP (£3.9m adverse variance), higher temporary staffing costs, Industrial action (£2.2m) which are partially offset by interest received due to the increase in the BoE base rate.
- The reported position includes non-recurrent benefit of £1.8m. The normalised position excluding non-recurrent benefit is £17.8m deficit which is £6.1m worse than the plan.

2. Income and Activity Performance

2.1 Income Performance - October

Income	In Month Income Plan	In Month Income Actual	In Month Variance	YTD Income Plan	YTD Income Actual	YTD Variance
	£000's	£000's	£000's	£000's	£000's	£000's
A&E	1,652	1,590	(62)	10,078	9,773	(306)
Elective	2,204	1,941	(263)	12,711	11,631	(1,080)
Non-Elective	4,661	4,629	(32)	28,419	27,385	(1,034)
Critical care	487	420	(68)	2,973	2,799	(175)
Outpatients	4,433	4,121	(312)	25,556	25,484	(72)
Ambulatory	580	481	(99)	3,538	3,055	(482)
Direct access	1,184	1,468	285	6,820	8,750	1,929
Community	6,499	6,499	0	38,993	38,993	0
Other clinical income NHS	3,786	5,515	1,728	48,997	57,916	8,919
NHS Clinical Income	25,486	26,664	1,178	178,085	185,785	7,700
Non NHS clinical income	1,889	2,121	232	12,650	13,793	1,143
Elective recovery fund (ERF)	4,951	4,565	(387)	32,098	29,251	(2,846)
Income From Patient Care Activities	32,327	33,349	1,022	222,832	228,828	5,996
Other Operating Income	2,067	2,503	436	14,448	15,866	1,418
Total	34,394	35,852	1,458	237,280	244,694	7,414

- Year to date Income is £7.4m over plan, driven mainly by £7.7m NHS clinical income and offset by £2.8m underperformance in ERF income.
- £7.7m NHS clinical income is driven by £4.6m pay awards, £1.1m drugs overperformance, £0.9m foundation trust income (£0.4m CAMHS) and £0.8m additional NCL ICB income streams.
- £1.1m Non-NHS clinical income is driven by local authority £0.9m neurodevelopment ADHD hub income.
- £1.4m other operating income is mainly driven by £0.7m education & costing income, £0.2m COVID-19 reimbursement income and the remainder across corporate services.

2.2 Elective recovery fund (ERF) – October

ERF is showing £2.8m underperformance year to date. £0.4m underperformance in month includes previous months late outcoming positive impact.

Drivers of movement between October and September reports.

£'000	
247	Previous months performance improved due to late outcoming
(634)	Current month underperformance
(387)	Movement

ERF Performance – comparison between September reported and October.

	PLAN	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Variance	Variance	Variance	Variance	Variance	Variance	Variance	Variance
Month 7	YTD Total	M1	M2	M3	M4	M5	M6	M7	Total	M1	M2	M3	M4	M5	M6	M7	YTD Total
ICB/NHSE	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
NCL	29,777	3,386	3,953	4,131	3,636	3,760	3,782	3,890	26,539	(285)	(126)	(356)	(647)	(727)	(501)	(597)	(3,238)
Spec Comm	1,773	233	254	258	237	246	265	188	1,680	14	11	(9)	(18)	(21)	10	(79)	(93)
NEL	994	121	149	132	127	113	111	147	900	(1)	13	(18)	(16)	(37)	(32)	(3)	(94)
NWL	876	72	101	114	115	74	79	89	646	(36)	(19)	(18)	(11)	(58)	(47)	(43)	(230)
SEL	122	8	14	11	26	19	20	11	108	(7)	(3)	(7)	8	1	2	(7)	(14)
Herts & West B	254	17	19	28	36	19	24	35	178	(14)	(16)	(10)	(1)	(19)	(13)	(3)	(76)
Target	33,796	3,838	4,491	4,673	4,176	4,230	4,282	4,361	30,051	(328)	(139)	(419)	(686)	(862)	(580)	(731)	(3,745)
2% reduction	(648)								0	80	89	98	93	98	93	98	648
Adjust NHSE	0	81	75	95					250	81	75	95	0	0	0	0	250
Total	33,148	3,918	4,566	4,768	4,176	4,230	4,282	4,361	30,301	(168)	25	(226)	(593)	(764)	(487)	(634)	(2,846)

ERF performance by ICSU - October.

The Trust's FY internal plan £55m is £1.7m lower than the national target £56.8m. If the Trust only achieves the activity plan, there will be £1.7m less than planned income. It is important, therefore, that the Trust overperforms. Currently all the ICSU are underperforming year to date.

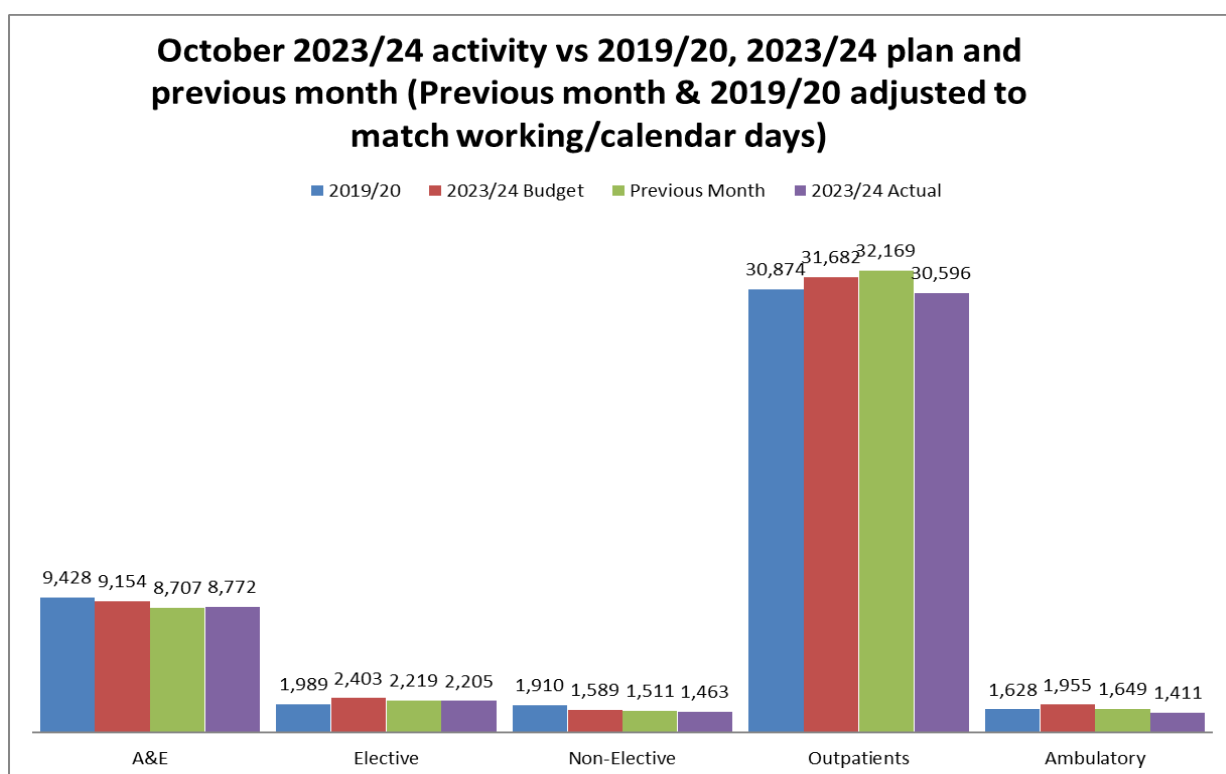
ICSU	Annual Plan	In Month Income Plan	In Month Income Actual	In Month Variance	YTD Income Plan	YTD Income Actual	YTD Variance
	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Acw	6,527	661	421	(240)	3,809	3,083	(726)
Adult Community	340	34	46	12	198	194	(5)
Children & Young People	6,861	688	536	(152)	4,004	3,498	(506)
Emergency & Integrated Medicin	20,648	2,038	1,666	(372)	12,050	11,176	(874)
Surgery & Cancer	22,900	2,296	1,693	(603)	13,365	11,677	(1,688)
Corporate Central	(2,138)	(765)	203	968	(1,330)	(378)	952
Grand Total	55,137	4,951	4,565	(387)	32,098	29,251	(2,846)

2.3 Activity Performance – October

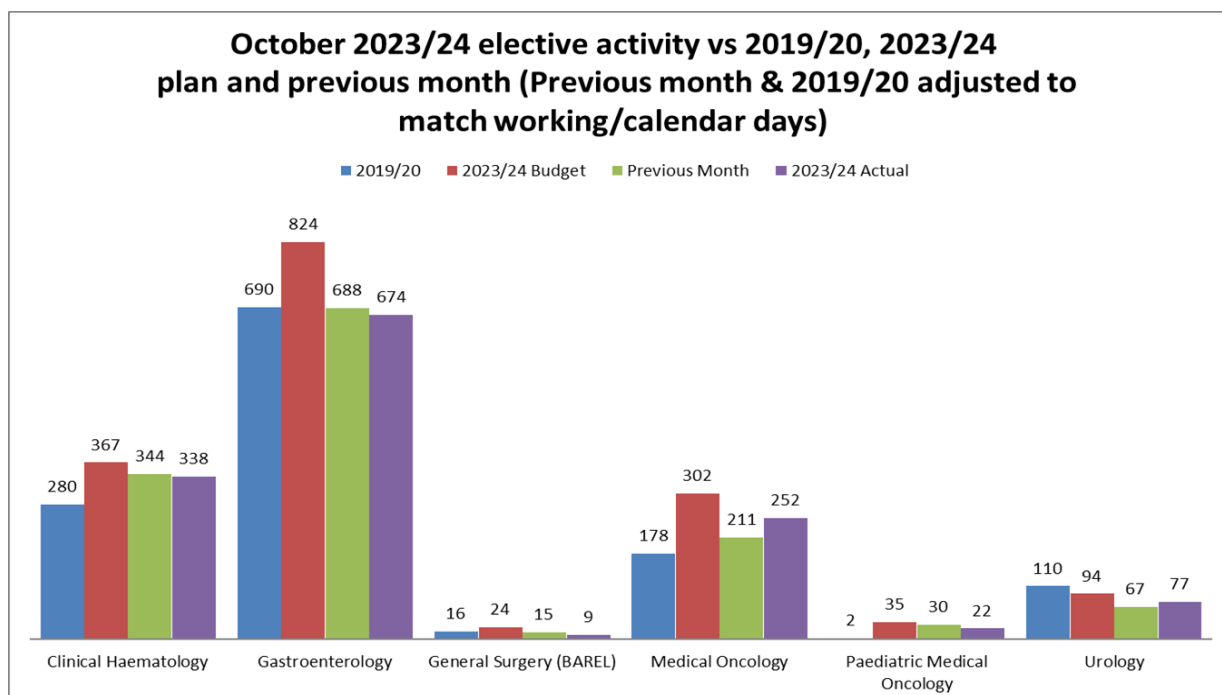
- Activity continues to be underperforming against plan across inpatients and A&E, with slight overperformance in outpatients and critical care. Direct access continued overperformance is mainly due to Pathology.

Activity	In Month Activity Plan	In Month Activity Actual	In Month Variance	In month Activity Diff%	YTD Activity Plan	YTD Activity Actual	Activity Diff	YTD Activity Diff%
A&E	9,154	8,772	(382)	(4%)	63,191	59,758	(3,433)	(5%)
Elective	2,404	2,235	(169)	(7%)	15,630	14,918	(712)	(5%)
Non-Elective	1,589	1,466	(123)	(8%)	10,971	10,013	(958)	(9%)
Critical care	314	239	(75)	(24%)	2,166	2,279	113	5%
Outpatients	31,686	30,601	(1,085)	(3%)	206,081	213,105	7,024	3%
Ambulatory	1,955	1,411	(544)	(28%)	13,494	11,385	(2,109)	(16%)
Direct Access	103,381	128,347	24,966	24%	671,975	861,778	189,803	28%

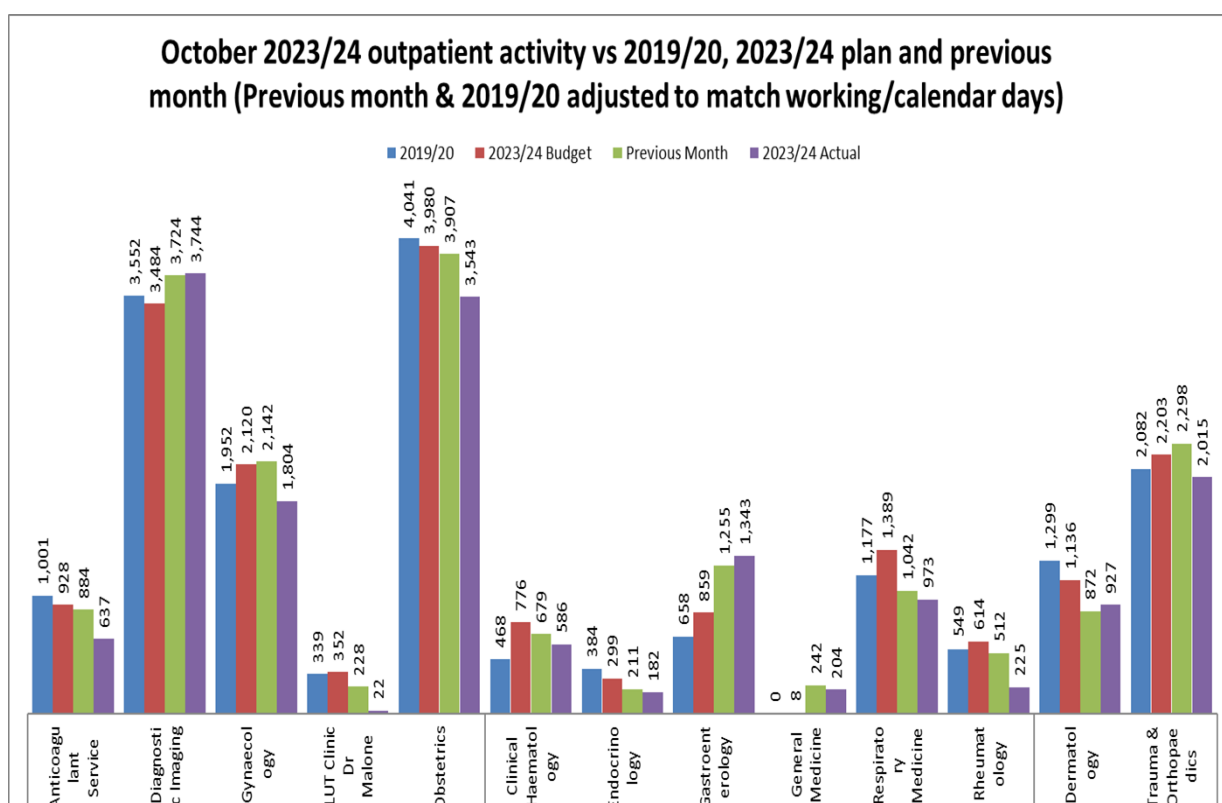
- Activity is slightly lower than September across all points of delivery, except for A&E.



- Elective activity continues to be under plan. Largest in month drivers were clinical haematology (8%), urology (18%), gastroenterology (18%), general surgery (bariatrics), paediatric medical oncology (37%) and medical oncology (17%).



1. Although outpatients slightly over plan year to date, there is in month underperformance. The main drivers are anticoagulant (31%), gynaecology (15%), LUTS (94%), obstetrics (11%), clinical haematology (25%), endocrinology (39%) respiratory medicine (30%) rheumatology (63%), dermatology (18%) and trauma & orthopaedics (11%). Offset by overperformance in diagnostic imaging (7%), Gastroenterology (56%) and general medicine.



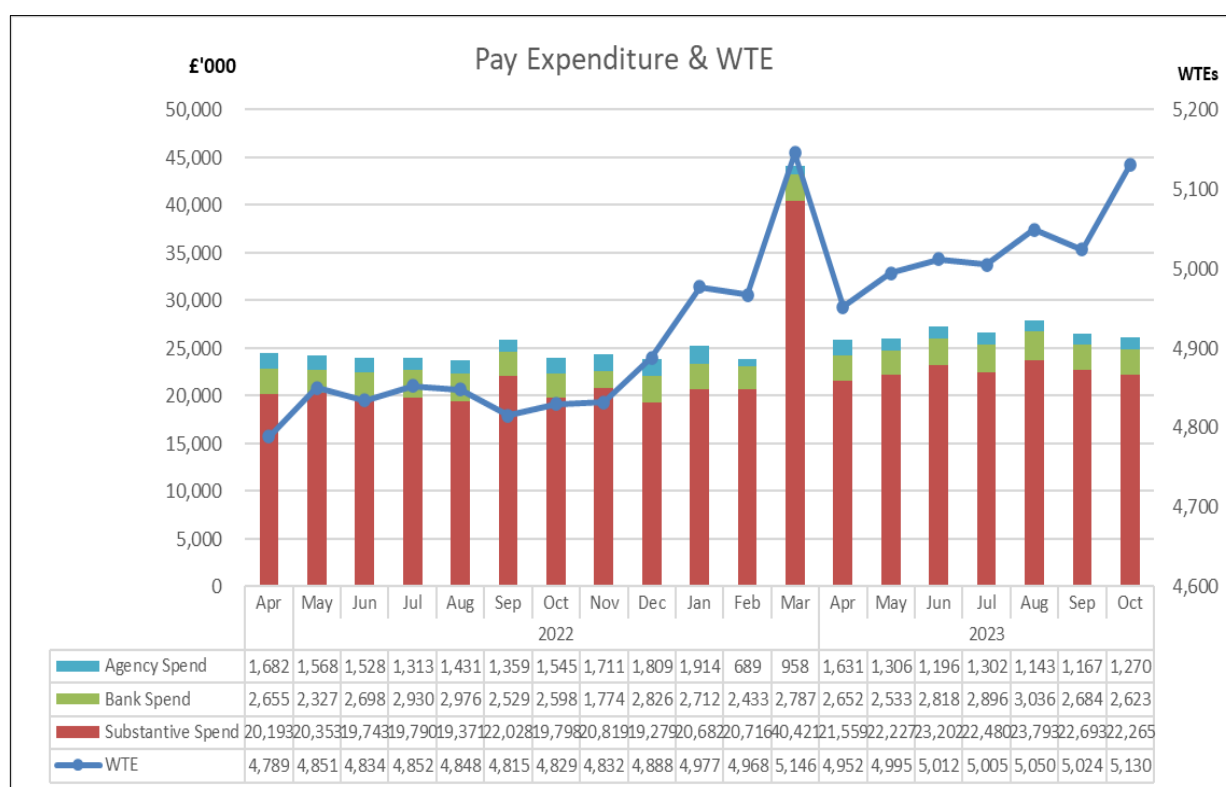
3. Expenditure – Pay & Non-pay

3.1 Pay Expenditure

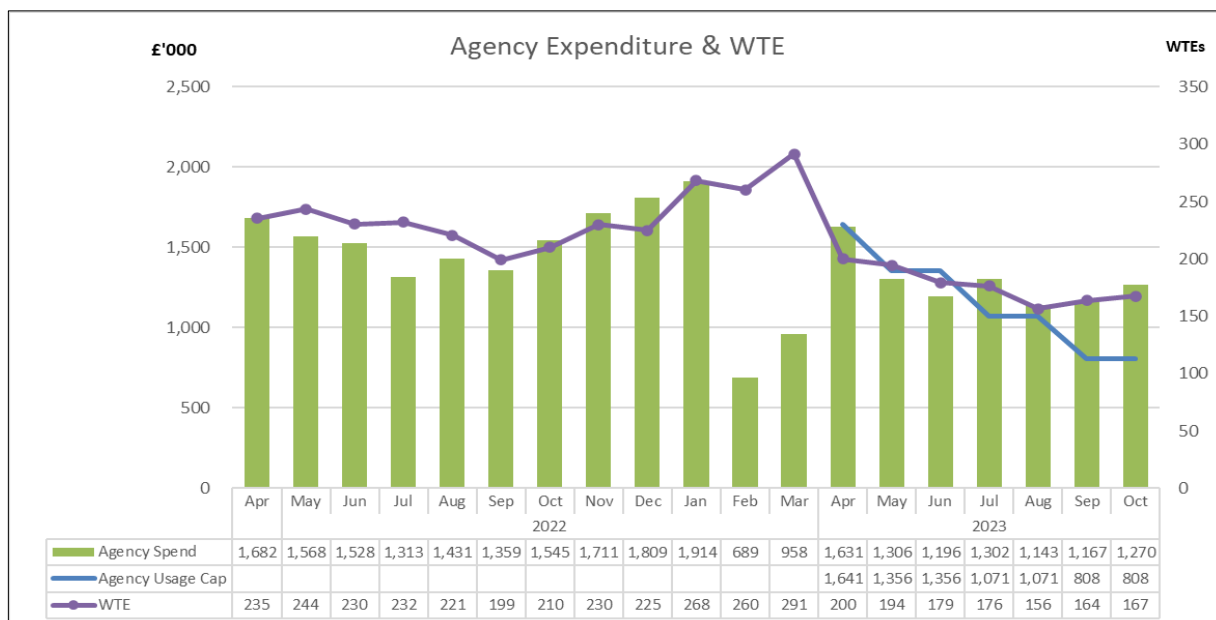
Overall, pay is overspent by £11.8m year to date compared to plan. This includes year to date spend on Thorogood ward, £0.8m (closed 18th August), continued cost of enhanced care (£0.8m) and net costs to cover national strike action (£2.2m). Other operational movements are from unachieved CIPs across all ICSUs which is partly being offset by vacancies and slippages in some of the planned investments.

Pay expenditure for October was £26.2m with operational pay being £1.1m lower than previous months due to the payment of backdated 6% pay award to medical staff in September. The Trust has received additional income which covers the additional pay award cost.

	2022-23			2023-24							
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Mov^t
Agency	1,914	1,895	2,496	1,631	1,234	1,223	1,302	1,143	1,167	1,270	103
Bank	2,709	2,729	3,648	2,651	2,533	2,817	2,894	3,034	2,684	2,634	(50)
Substantive	20,638	20,711	20,666	20,561	20,960	24,015	21,847	22,448	23,751	22,566	(1,185)
Total Operational Pay	25,261	25,335	26,809	24,842	24,726	28,055	26,043	26,624	27,602	26,470	(1,132)
Non Operational Pay Costs	47	(1,498)	17,357	999	1,340	(839)	635	1,348	(1,057)	(312)	745
Total Pay Costs	25,308	23,837	44,166	25,841	26,066	27,216	26,678	27,973	26,544	26,158	(386)



March 2023 substantive pay costs included £11m additional pension contribution from Department of Health and cost of 2022/23 non-consolidated pay award £8.5m.



*2023-24 agency usage cap figures issued by NHSE. Lower spend in Feb & March is due to release of non-recurrent provisions.

3.2 Non-pay Expenditure

Non-pay spend for October was £8.0m. The small monthly increase in expenditure is predominantly due to the net movement in miscellaneous spend and in-month adjustment in Capital spend within Premises & Fixed Plant.

Non-Pay Costs	2022-23			2023-24							Mov^t
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	
Supplies & Servs - Clin	3,373	3,450	5,711	3,112	3,161	3,514	3,523	3,087	3,182	3,214	32
Supplies & Servs - Gen	301	305	588	333	376	442	310	440	341	391	50
Establishment	327	245	412	263	240	284	237	273	324	320	(5)
Healthcare From Non Nhs	288	(230)	58	95	79	85	76	80	75	75	(0)
Premises & Fixed Plant	1,281	2,239	4,596	2,286	1,924	2,431	2,628	2,030	2,507	2,037	(470)
Ext Cont Staffing & Cons	538	717	698	193	388	265	13	169	218	127	(91)
Miscellaneous	1,671	536	(8,221)	1,821	1,836	1,295	1,942	669	1,255	1,868	613
Chairman & Non-Executives	11	11	9	9	9	9	9	9	9	9	0
Non-Pay Reserve	14	(140)	0	42	388	(251)	(178)	(5)	5	0	(5)
Total Non-Pay Costs	7,804	7,132	3,852	8,155	8,400	8,075	8,559	6,753	7,917	8,041	124

Excludes high-cost drug expenditure and depreciation.

Included in miscellaneous is CNST premium, Transport contract, professional fees, and bad debt provision.

Miscellaneous Expenditure Breakdown

Miscellaneous Breakdown	2022-23			2023-24							Mov^t
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	
Ambulance Contract	213	75	138	175	206	185	172	199	139	207	68
Other Expenditure	(289)	144	(10,306)	155	85	166	100	(483)	66	92	26
Audit Fees	12	12	0	15	12	(17)	11	13	11	11	(0)
Provision For Bad Debts	188	(997)	(15)	65	94	(238)	250	(596)	(212)	57	269
Cnst Premium	827	810	827	821	821	821	821	821	577	780	203
Fire Security Equip & Maint	11	16	14	5	5	6	10	7	13	4	(9)
Interpretation/Translation	15	5	47	27	8	31	21	14	21	10	(11)
Membership Subscriptions	119	131	166	125	159	117	161	135	146	146	(1)
Professional Services	408	162	(73)	355	354	115	288	495	399	387	(12)
Research & Development Exp	124	7	312	(1)	(1)	(1)	4	12	(1)	8	8
Security Internal Recharge	10	10	12	10	11	14	13	(0)	12	10	(2)
Teaching/Training Expenditure	30	155	633	66	77	92	89	49	84	152	68
Travel & Subs-Patients	3	7	3	2	4	4	1	4	0	5	5
Work Permits	0	0	0	0	0	0	0	0	0	0	0
Write Down Of Inventories	0	0	23	0	0	0	0	0	0	0	0
Total Non-Pay Costs	1,671	536	(8,221)	1,821	1,836	1,295	1,942	669	1,255	1,868	613

3.2 Cost Improvement Programmes (CIP)

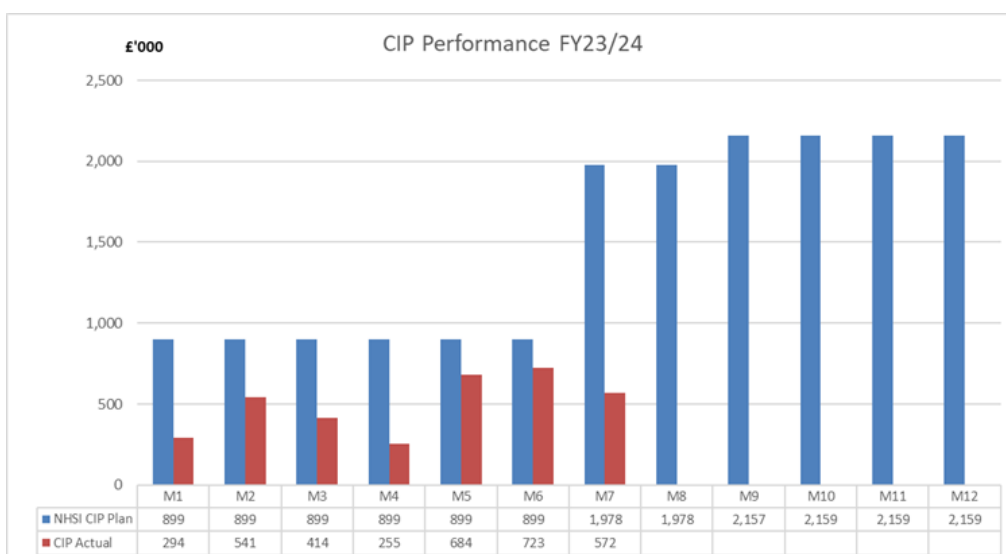
The CIP target for 2023-24 is £18.0m. The targets have been allocated to ICSU and corporate divisions as part of 2023-24 budgets.

ICSU	23/24 CIP Target Allocated £'000	CORPORATE DIRECTORATES	23/24 CIP Target Allocated £'000
ADULT COMMUNITY	1,683	CHIEF OPERATION OFFICER	131
CHILDREN & YOUNG PEOPLE	2,525	ESTATES & FACILITIES	2,130
EMERGENCY & INTEGRATED MEDICINE	3,171	FINANCE	355
SURGERY & CANCER	3,054	ICT	511
ACW	3,424	MEDICAL DIRECTOR	130
ICSU TOTAL	13,857	NURSING & PATIENT EXPERIENCE	352
CORPORATE SERVICES TOTAL	4,127	TRUST SECRETARIAT	139
CIP GRAND TOTAL	17,984	WORKFORCE	325
		PROCUREMENT	54
		CORPORATE TOTAL	4,127

Year to Actuals

At the end of October, the Trust is reporting actual delivery of £3.5m year to date of CIP against a target of £7.4m.

ICSU	23/24 CIP Target Allocated	YTD Plan £'000	YTD Actuals £'000	YTD Variance £'000	YTD Actual vs Plan % Variance
ADULT COMMUNITY	1,683	690	690	0	100%
CHILDREN & YOUNG PEOPLE	2,525	1,035	513	(522)	50%
EMERGENCY & INTEGRATED MEDICINE	3,171	1,300	199	(1,101)	15%
SURGERY & CANCER	3,054	1,252	258	(994)	21%
ACW	3,424	1,403	685	(718)	49%
ICSU TOTAL	13,857	5,680	2,345	(3,335)	41%
CORPORATE SERVICES	1,943	797	870	73	109%
ESTATES & FACILITIES	2,130	873	267	(606)	31%
PROCUREMENT	54	22	0	(22)	0%
CIP GRAND TOTAL	17,984	7,372	3,482	(3,890)	47%



4.0 Statement of Financial Position (SoFP)

The net balance on the Statement of Final Position as of 31st October 2023 is £235.0m, £2.5m lower than September 2023, as shown in the table below.

Statement of Financial Position as at 31st October 2023	2022/23 M12 Balance	2023/24 M6 Balance	2023/24 M7 Balance	Movement in Month
	£000	£000	£000	£000
NON-CURRENT ASSETS:				
Property, Plant And Equipment	230,044	232,845	232,347	(498)
Intangible Assets	7,051	6,938	6,715	(223)
Right of Use Assets	36,444	41,368	41,018	(350)
Assets Under Construction	31,917	32,010	34,630	2,619
Trade & Other Rec - Non-Current	584	471	540	69
TOTAL NON-CURRENT ASSETS	306,040	313,631	315,249	1,618
CURRENT ASSETS:				
Inventories	942	1,091	954	(137)
Trade And Other Receivables	25,881	15,955	13,341	(2,614)
Cash And Cash Equivalents	72,991	58,706	66,182	7,476
TOTAL CURRENT ASSETS	99,813	75,753	80,478	4,725
CURRENT LIABILITIES				
Trade And Other Payables	(80,777)	(72,804)	(73,029)	(226)
Borrowings: Finance Leases	(808)	(286)	(200)	87
Borrowings: Right of Use Assets	(4,370)	(4,370)	(4,370)	0
Borrowings: Dh Revenue and Capital Loan - Current	(116)	(116)	(116)	0
Provisions for Liabilities and Charges	(1,774)	(1,752)	(1,741)	11
Other Liabilities	(2,701)	(3,785)	(7,886)	(4,101)
TOTAL CURRENT LIABILITIES	(90,545)	(83,113)	(87,341)	(4,228)
NET CURRENT ASSETS / (LIABILITIES)	9,268	(7,361)	(6,864)	497
TOTAL ASSETS LESS CURRENT LIABILITIES	315,309	306,271	308,386	2,115
NON-CURRENT LIABILITIES				
Borrowings: Dh Revenue and Capital Loan - Non-Current	(1,624)	(1,566)	(1,566)	0
Borrowings: Finance Leases	(3,011)	(3,011)	(3,011)	0
Borrowings: Right of Use Assets	(32,250)	(37,263)	(36,928)	335
Provisions for Liabilities & Charges	(31,963)	(31,930)	(31,886)	44
TOTAL NON-CURRENT LIABILITIES	(68,848)	(73,770)	(73,391)	379
TOTAL ASSETS EMPLOYED	246,460	232,501	234,995	2,494
FINANCED BY TAXPAYERS EQUITY				
Public Dividend Capital	120,707	121,983	125,293	3,310
Retained Earnings	25,454	10,218	9,402	(816)
Revaluation Reserve	100,300	100,300	100,300	0
TOTAL TAXPAYERS EQUITY	246,460	232,501	234,995	2,494

The most significant movements in the month to 31st October 2023 were as follows:

Non-Current Assets

Asset Under Construction closed at £34.6m in October 23, an increase of 2.6m, mainly CDC Phase 2.

Current Assets

Trade and Other Receivables closed at £13.3m in October 23, a decrease of £2.6m, mainly HMRC return £1.4m and CDC accrual £1.2m.

Current Liabilities

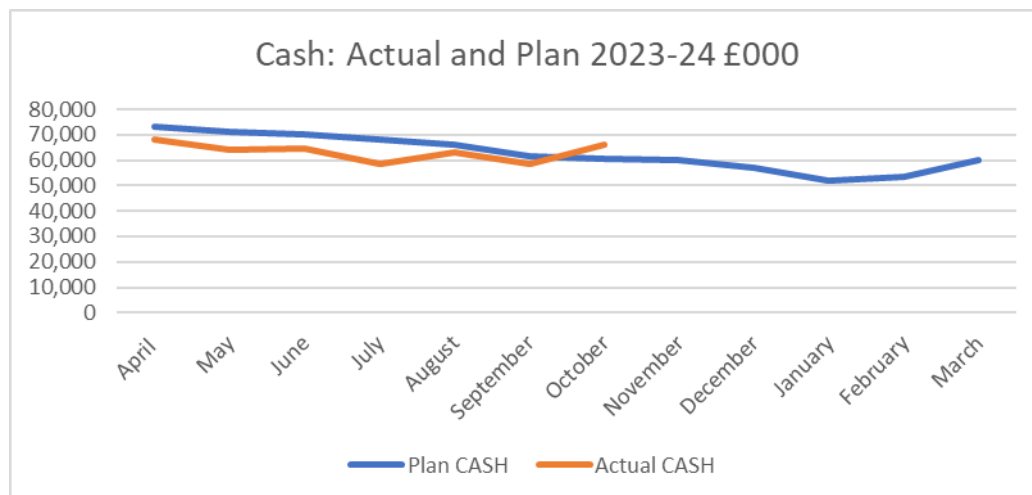
Other Liabilities closing at £7.9m in October 23 an increase £4.1m mainly deferred income Health Education England LDA £3.4m.

Cash and Interest Received

The Trust's cash balance at 31st October was £66.2m, which is £7.5m higher than at 30th September, representing a favourable variance to Plan of £5.4m. The principal factors contributing to the higher cash balance in October were:

Receipt of Public Dividend Capital of £3.3m relating to the Wood Green CDC Phase 2 (£3.1m) and TIF elective Recovery £0.2m.

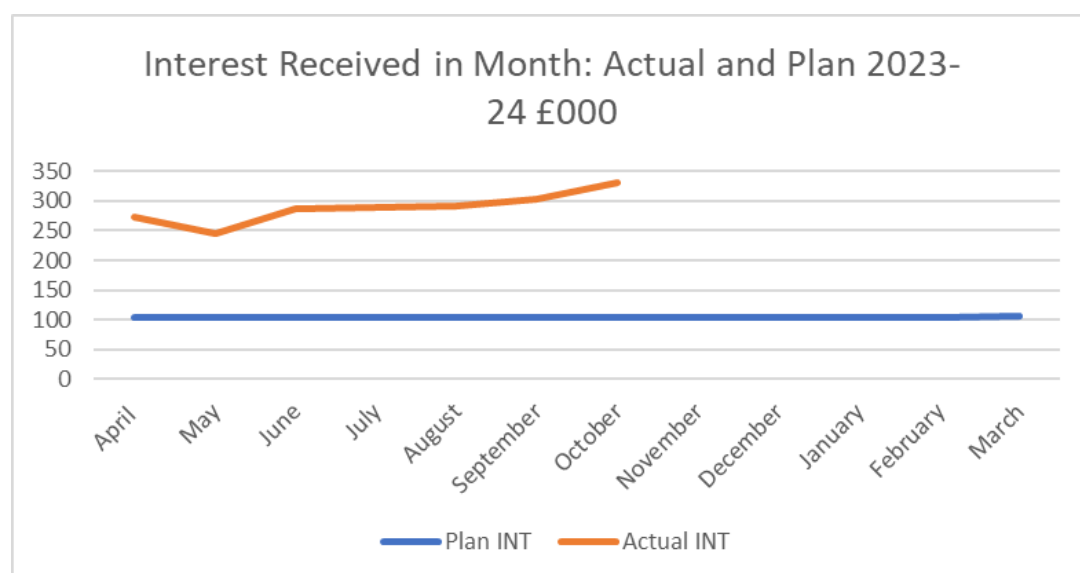
Education and Training income covering October to January was received in October, totalling £5.4m.



The Trust continues to monitor its actual and forecast cash position against Plan. The table below summarises the position at 31st October. Forecast cash at 31st March 2024 is £34.0m lower than originally planned owing to the factors shown. The principal variance arises in respect of capital expenditure: the £9.0m of additional CRL awarded is non-cash backed, and the Trust has paid down the very significant capital creditors which existed at March 2023, as the receipted orders were invoiced and paid.

	Plan	Forecast at Month 7	Variance: Forecast to Plan	Factors
Opening Cash	75,377	72,990	(2,387)	Actual opening cash was £2.39m lower than planned.
I&E as Plan Soci	1,908	1,908	0	
Capital expenditure	(24,359)	(40,212)	(15,853)	Additional capital of £9m strategic projects is non-cash backed. Paydown of capital creditors £6.9m
Working capital change	(4,000)	(3,850)	150	Lower closing creditors projected as Trust BPPC performance improves
Reduction in provisions and accruals	(13,600)	(29,500)	(15,900)	Achievement of planned surplus in light of underperformance against CIPs achieved through greater than planned balance sheet impacts
Depreciation and Amortisation	14,628	14,628	0	
FL interest	(672)	(672)	0	
Reduction of FL creditor	(997)	(997)	0	
PDC drawdown	12,148	12,148	0	
Loan repayments: principal	(116)	(116)	0	
Loan repayments: interest	(52)	(52)	0	
Closing Cash	60,265	26,275	(33,990)	

Year-to-date interest received is £2.0m which is favourable to Plan by £1.3m. The Plan was set with an anticipated peak to interest rates around Month 6-7 of the 2023-24 financial year and expected reduction in cash balances during the year.



5.0 Capital Expenditure

Capital expenditure at 31st October was £12.7m, of which £5.8m related to PDC-funded and £6.9m to internally funded projects. This is an overspend of £7.5m against Plan to 31st October, of which £5.8m relates to PDC-funded projects and £1.8m to internally funded projects. The PDC-funded expenditure of £5.8m relates to 2023/24 funded projects which are planned to occur later in the year, of which £4.6m has now been drawn down and £1.2m is yet to be drawn down end of November. Further PDC will be drawn as expenditure is incurred.

Capital expenditure 2023/24									
	<i>all: £000</i>	April	May	June	July	August	September	October	Cumulative
Plan	Internally funded	1,236	377	377	758	758	758	907	5,171
	PDC funded	0	0	0	0	0	0	0	0
	Total	1,236	377	377	758	758	758	907	5,171
Actual	Internally funded	1,504	460	931	611	996	400	2,016	6,918
	PDC funded	225	940	111	1,463	660	1,329	1,060	5,788
	Total	1,729	1,400	1,042	2,074	1,656	1,729	3,076	12,706
Variance	Internally funded	(268)	(83)	(554)	147	(238)	358	(1,109)	(1,747)
	PDC funded	(225)	(940)	(111)	(1,463)	(660)	(1,329)	(1,060)	(5,788)
	Total	(493)	(1,023)	(665)	(1,316)	(898)	(971)	(2,169)	(7,535)
Percent of IF annual plan which occurs in month		10.1	3.1	3.1	6.2	6.2	6.2	7.4	42.3

An ongoing but diminishing risk is represented by expenditure relating to prior-year projects which continue to incur expenditure, with £1.4m of the internally funded expenditure to date relating to prior-year projects. The risk is managed by monthly review of capital expenditure by project with the functional heads. The work to identify and close old-year purchase orders has now been completed.